



**L.A. Care**  
*Medi-Cal*

# L.A. Care Health Plan

## *Medi-Cal Formulary*



Formulary is subject to change. All previous versions of the formulary are no longer in effect. You can view the most current drug list by going to our website at <http://www.lacare.org/members/getting-care/pharmacy-services>

For more details on available health care services, visit our website:  
<http://www.lacare.org/members/welcome-la-care/member-documents/medi-cal>

# INTRODUCTION

## Foreword

The L.A. Care Health Plan (L.A. Care) Medi-Cal formulary is a preferred list of covered drugs, approved by the L.A. Care Health Plan Pharmacy Quality Oversight Committee. This formulary applies only to outpatient drugs and self-administered drugs.

It does not apply to medications used in the inpatient setting or medical offices.

The formulary is a continually reviewed and revised list of preferred drugs based on safety, clinical efficacy, and cost-effectiveness. The formulary is updated on a monthly basis and is effective the first of every month. These updates may include, and are not limited to, the following: (i) removal of drugs and/or dosage forms. (ii) changes in tier placement of a drug that results in an increase in cost sharing, and (iii) any changes of utilization management restrictions, including any additions of these restrictions. Updated documents are available online at: [lacare.org/members/getting-care/pharmacy-services](http://lacare.org/members/getting-care/pharmacy-services).

If you have questions about your pharmacy coverage, call the Customer Solutions Center at **1-888-839-9909** (TTY 711), available 24 hours a day, 7 days a week.

## How to Use the Formulary

The formulary drug listing begins on Page 11. A prescription drug may be located by looking up the therapeutic category and class of the drug or the brand or generic name of the drug in the alphabetical index. If a generic equivalent for a brand name drug is not available or is not covered, the drug will not be separately listed by its generic name. Drugs available in generic formulations are listed by their generic names and its most common proprietary (branded) name is capitalized next to the generic name in parenthesis. Drugs that are only available in brand name formulations are listed in ALL CAPITAL letters.

The formulary can be searched by using the “Ctrl + F” function or the index. Drugs can be searched by the generic name, proprietary name, or therapeutic drug category.

The presence of a prescription drug on the formulary does not guarantee that a member will be prescribed that prescription drug by his or her prescribing provider for a particular medical condition.

## Generic and Brand Name Medications

L.A. Care's Medi-Cal Plan covers generic and brand name drugs. However, when available, Food and Drug Administration (FDA) approved generic drugs are to be used in all situations, regardless of the availability of a brand. Generic drugs generally cost less than brand name drugs. All drugs that are or become available generically are subject to review by L.A. Care's Pharmacy Quality Oversight Committee.

A prescriber may request a brand name product in lieu of an approved generic, if the prescriber determines that there is a documented medical need for the brand equivalent. This type of request for coverage may be made using the 'Medication Request Process' described on Page 6.

## How Drugs Are Listed

Drugs are listed alphabetically by its brand and generic names in the therapeutic category and class to which it belongs.

The generic name of the brand name drug is included after the brand name in parenthesis and all ***bold and italicized lowercase*** letters.

If a generic equivalent for a brand name drug is available, and both the brand name and generic equivalents are covered, the generic drug will be listed separately from the brand name drug in all ***bold and italicized lowercase*** letters.

In the event a generic drug is marketed under a proprietary, trademark protected brand name, the brand name will be listed in all CAPITAL letters after the generic name in parentheses and regular typeface with first letter of each word capitalized. The description must include an example of a drug available both as a brand name drug and a generic equivalent to illustrate how such a drug is listed.

## Non-Formulary Medications

Any drug not found in this formulary listing published by L.A. Care is considered a non-formulary drug.

Sometimes, your doctor may need to prescribe a drug that is not on the formulary. Your doctor must contact L.A. Care and request prior authorization to get an okay. To decide if this drug will be covered, L.A. Care may ask your provider for more information. This type of request for coverage may be made using the 'Medication Request Process' described on Page 6.

Within 24 hours after getting the prior authorization request, L.A. Care will tell your provider and pharmacy if the drug is authorized. L.A. Care and/or your provider or pharmacy will then let you know if your drug is covered or not. If the drug is approved, you can get the drug at a pharmacy that works with L.A. Care. If the drug is not approved, you have the right to appeal the decision or file a grievance. An "appeal" is when you want a decision to be reviewed.

L.A. Care will provide coverage pursuant to a non-urgent request for the duration of the prescription, including refills.

L.A. Care will provide coverage, including refills, pursuant to a request based on exigent circumstances for the duration of the exigency.

## Benefit Coverage and Limitations

This printed formulary does not provide information regarding the specific coverage and limitations an individual may have. The individual may have specific benefit inclusions, exclusions, and/or cost share which are not reflected in the formulary.

This formulary only applies to outpatient drugs and self-administered drugs. These would be considered to be covered under a member's outpatient drug benefit. This formulary does NOT apply to medications used in an inpatient setting or drugs that are not self-administered. These would be considered to be covered under a member's medical benefit.

Any specific questions regarding their coverage should be directed to the Customer Solutions Center at **1-888-839-9909** (TTY 711).

## How to Find a Pharmacy

To find a pharmacy near you, visit the L.A. Care website at [lacare.org](https://www.lacare.org) to find a L.A. Care network pharmacy in your neighborhood. Click on each of the following:

1. For Members
2. Pharmacy Services
3. “Search Now” in the *Find a Pharmacy* tab

Be sure to show your L.A. Care Member ID card when you fill your prescriptions at the pharmacy.

Some medications are subject to limited distribution by the U.S. Food and Drug Administration or require special handling, provider coordination, or special education that cannot be provided at your local pharmacy. Antineoplastic and biologic agents are examples of such specialty medications and are identified in the formulary with special code SP (Specialty Pharmacy Availability), MSP (Mandatory Specialty Pharmacy), LMSP (Mandatory Lumicera Specialty Pharmacy), or KMSP (Mandatory Kroger Specialty Pharmacy). You may refer to the formulary by visiting L.A. Care’s website [lacare.org/members/getting-care/pharmacy-services](https://www.lacare.org/members/getting-care/pharmacy-services) for information on whether a medication must be filled at a specialty pharmacy.

## Description of Coverage

You can get the following drugs and other items when they are prescribed by your doctor and are medically necessary:

- Prescription drugs listed on the L.A. Care formulary
- Non-prescription drugs or over-the-counter drugs (such as cough/cold syrups, cough drops or aspirin) listed on the L.A. Care formulary
- Formulary diabetic supplies: insulin, insulin syringes, glucose test strips, lancets and lancet puncture devices, pen delivery systems, blood glucose monitors including monitors for the visually impaired and ketone urine testing strips
- FDA-approved birth control devices, birth control pills, condoms and contraceptive jellies on the L.A. Care formulary
- Emergency contraception
- EpiPens, peak flow meters and spacers

## How Much I Will Pay for My Drugs

All members of L.A. Care’s Medi-Cal Plan do **not** have to pay for covered services.

## Restrictions on Medication Coverage

Certain covered drugs may have additional requirements or limits on coverage. These are denoted throughout the document using the following symbols:

SYMBOL	RESTRICTION	DESCRIPTION
CO	Carve-Out	Drugs carved out by the Department of Health Care Services
EXC	Exclusion	Plan exclusion
INF	Infertility	Infertility drugs
KMSP	Mandatory Kroger Specialty Pharmacy Program	All fills, including the initial fill MUST be dispensed at the specialty pharmacy provider of the plans choice
LD	Limited Distribution	Coverage is available through a limited distributor or limited number of distributors
LMSP	Mandatory Lumicera Specialty Pharmacy Program	All fills, including the initial fill MUST be dispensed at the specialty pharmacy provider of the plans choice
MSP	Mandatory Specialty Pharmacy Program	All fills, including the initial fill MUST be dispensed at the specialty pharmacy provider of the plans choice
NC	Not Covered	Drug that is non-formulary and will not be paid for by the plan without prior approval/prior authorization
OTC	Over the Counter	Coverage of OTC medication
PA	Prior Authorization	Requires specific physician request process
QL	Quantity Limit	Coverage may be limited to specific quantities per prescription and/or time period
RS	Restricted to Specialist	Coverage may be dependent on the specialty of the prescribing physician
SF	Split Fill	Limited to two 15-day fills per month for first 3 months
SMKG	Smoking Cessation	Coverage for the treatment of smoking cessation drugs, which may have specific restrictions
ST	Step Therapy	Coverage may require one or more "prerequisite" first step drugs to be tried before progressing to the second step drug
VAC	Vaccine Program	Coverage is available through a vaccine program

Please refer to the formulary listing beginning on Page 11 for details regarding specific agents.

## Medication Request Process

### Formulary Agents

- A. **Prior Authorization (PA):** These drugs require approval prior to being dispensed at a network pharmacy. Requests are reviewed with specific Prior Authorization guidelines. Each request will be reviewed on individual patient need. If the request does not meet the guidelines established by the Pharmacy and Therapeutics (P&T) Committee, the request will not be approved and alternative therapy may be recommended.
- B. **Quantity Limits (QL):** These drugs have quantity limits. If quantities exceeding the limit are necessary, an exception to coverage may be requested by the prescriber. Each request will be reviewed on individual patient need. Approval will be given if a documented medical need exists without compromising safety.
- C. **Step Therapy (ST):** These drugs require one or more first step drugs to be tried before progressing to the second step drug. If there is a medical need to use a second step drug without trying a first step drug, an exception to coverage may be requested by the prescriber. Each request will be reviewed on an individual patient need. If you have already tried and failed the preferred drug(s), or if you are already taking a drug that is subject to step therapy when you switch to an L.A. Care plan, you will not have to undergo step therapy and the drug will be approved for coverage when medically necessary

### Non-Formulary Agents

- A. Any drug not found on this list is considered non-formulary. Coverage for non-formulary agents may be requested by the prescriber. Each request will be reviewed on individual patient need. Approval will be given if a documented medical need exists.
- B. The 'Medication Request Process' is generally not available for drugs that are specifically excluded by benefit design. For benefit exclusions refer to the 'General Exclusions' section below.

Please see [lacare.org/providers/provider-resources/pharmacy-services/prior-authorizations](https://lacare.org/providers/provider-resources/pharmacy-services/prior-authorizations) for more information on the medication request process. A decision for approval or denial of the exception request or prior authorization can be made within 24 hours. If we fail to respond within the appropriate time frames, the request is deemed granted.

Non-approved requests may be appealed. The prescriber must provide information to support the appeal on the basis of medical necessity.

## General Benefit Exclusions (Not Covered)

Please note that this list is subject to change.

- A. Drugs specifically listed as not covered
- B. Any drug products used for cosmetic purposes
- C. Infertility agents
- D. Drugs used for erectile dysfunction
- E. Experimental drug products, or any drug product used in an experimental manner
- F. Non self-administered injectable drug products are not covered unless otherwise specified in the formulary listing
- G. Foreign drugs or drugs not approved by the United States FDA

If L.A. Care's coverage is amended to exclude a drug that we have been covering and providing to you, we will continue to provide the drug if a prescription is required by law and a Plan Physician continues to prescribe the drug for the same condition and for a use approved by the FDA.

## Pharmacist and Physician Feedback

The formulary is a tool to promote cost-effective prescription drug use. L.A. Care has made every attempt to create a document that meets all therapeutic needs; however, the art of medicine makes this a formidable task. L.A. Care welcomes the participation of physicians, pharmacists, and ancillary medical providers, in this dynamic process. Physicians and pharmacists are highly encouraged to direct any suggestions or comments to L.A. Care via the Providers Solution Center at **1-866-522-2736**.



## Definitions

**“Brand name drug”** is a drug that is marketed under a proprietary, trademark protected name. The brand name drug is listed in all CAPITAL letters.

**“Coinsurance”** is a percentage of the cost of a covered health care benefit that an enrollee pays after the enrollee has paid the deductible, if a deductible applies to the health care benefit, such as the prescription drug benefit.

**“Copayment”** is a fixed dollar amount that an enrollee pays for a covered health care benefit after the enrollee has paid the deductible, if a deductible applies to the health care benefit, such as the prescription drug benefit.

**“Deductible”** is the amount an enrollee pays for covered health care benefits before the enrollee’s health plan begins payment for all or part of the cost of the health care benefit under the terms of the policy.

**“Drug Tier”** is a group of prescription drugs that corresponds to a specified cost sharing tier in the health plan’s prescription drug coverage. The tier in which a prescription drug is placed determines the enrollee’s portion of the cost for the drug.

**“Enrollee”** is a person enrolled in a health plan who is entitled to receive services from the plan. All references to enrollees in this formulary template shall also include subscribers as defined in this section below.

**“Exception request”** is a request for coverage of a prescription drug. If an enrollee, his or her designee, or prescribing healthcare provider submits an exception request for coverage of a prescription drug, the health plan must cover the prescription drug when the drug is determined to be medically necessary to treat the enrollee’s condition.

**“Exigent circumstances”** are when an enrollee is suffering from a health condition that may seriously jeopardize the enrollee’s life, health, or ability to regain maximum function, or when an enrollee is undergoing a current course of treatment using a non-formulary drug.

**“Formulary”** is the complete list of drugs preferred for use and eligible for coverage under a health plan product, and includes all drugs covered under the outpatient prescription drug benefit of the health plan product. Formulary is also known as a prescription drug list,

“**Generic drug**” is the same drug as its brand name equivalent in dosage, safety, strength, how it is taken, quality, performance, and intended use. A generic drug is listed in ***bold and italicized lowercase*** letters.

“**Non-formulary drug**” is a prescription drug that is not listed on the health plan’s formulary.

“**Out-of-pocket cost**” are copayments, coinsurance, and the applicable deductible, plus all costs for health care services that are not covered by the health plan.

“**Prescribing provider**” is a health care provider authorized to write a prescription to treat a medical condition for a health plan enrollee.

“**Prescription**” is an oral, written, or electronic order by a prescribing provider for a specific enrollee that contains the name of the prescription drug, the quantity of the prescribed drug, the date of issue, the name and contact information of the prescribing provider, the signature of the prescribing provider if the prescription is in writing, and if requested by the enrollee, the medical condition or purpose for which the drug is being prescribed.

“**Prescription drug**” is a drug that is prescribed by the enrollee’s prescribing provider and requires a prescription under applicable law.

“**Prior Authorization**” is a health plan’s requirement that the enrollee or the enrollee’s prescribing provider obtain the health plan’s authorization for a prescription drug before the health plan will cover the drug. The health plan shall grant a prior authorization when it is medically necessary for the enrollee to obtain the drug.

“**Step therapy**” is a process specifying the sequence in which different prescription drugs for a given medical condition and medically appropriate for a particular patient are prescribed. The health plan may require the enrollee to try one or more drugs to treat the enrollee’s medical condition before the health plan will cover a particular drug for the condition pursuant to a step therapy request. If the enrollee’s prescribing provider submits a request for step therapy exception, the health plans shall make exceptions to step therapy when the criteria is met.

“**Subscriber**” means the person who is responsible for payment to a plan or whose employment or other status, except for family dependency, is the basis for eligibility for membership in the plan.

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Last Updated 7/1/2020

<b>DRUG NAME</b> Name of drug	<b>DRUG TIER</b> What the drug will cost you (tier level)	<b>REQUIREMENTS/LIMITS</b> Necessary actions, restrictions, or limits on use
<b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to treat ADHD, sleep disorders, and weight loss</b>		
<b>AMPHETAMINES - Drugs to treat ADHD, sleep disorders, and weight loss</b>		
<i>amphetamine/dextroamphetamine ER cap 1.25MG, 2.5MG, 3.75MG, 5MG, 6.25MG, 7.5MG</i> (ADDERALL XR Equiv)	F	-
<i>amphetamine/dextroamphetamine tab 1.25MG, 1.875MG, 2.5MG, 3.125MG, 3.75MG, 5MG, 7.5MG</i> (ADDERALL Equiv)	F	-
<i>dextroamphetamine ER cap 10MG, 15MG, 5MG</i> (DEXEDRINE Equiv)	F	-
<i>dextroamphetamine tab 10MG, 5MG</i> (DEXEDRINE Equiv)	F	-
<b>ANOREXIANTS NON-AMPHETAMINE - Drugs to help weight loss</b>		
<i>phentermine cap 15MG, 30MG, 37.5MG</i> (ADIPEX Equiv)	F	PA-QL QL= 1 cap/day
<i>phentermine tab 37.5MG</i> (ADIPEX Equiv)	F	PA-QL QL= 1 tab/day
QSYMIA CAP 11.25MG-69MG, 15MG-92MG, 3.75MG-23MG, 7.5MG-46MG ( <i>phentermine hcl-topiramate</i> )	F	PA-QL QL= 1 cap/day
<b>ANTI-OBESITY AGENTS - Drugs to help weight loss</b>		
CONTRAVE TAB 8MG-90MG ( <i>naltrexone hcl-bupropion hcl</i> )	F	PA-QL QL= 4 tabs/day

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

<b>NC =Not Covered</b>		<b>generic =small letters</b>		<b>BRANDS =CAPITAL LETTERS</b>	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program		

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<b>DRUG NAME</b> Name of drug	<b>DRUG TIER</b> What the drug will cost you (tier level)	<b>REQUIREMENTS/LIMITS</b> Necessary actions, restrictions, or limits on use
<b>ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS - Drugs to treat ADHD and sleep disorders</b>		
<i>guanfacine ER tab 1MG, 2MG, 3MG, 4MG</i> (INTUNIV Equiv)	F	-
<b>DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS) - drugs to treat sleep disorders</b>		
SUNOSI TAB 150MG, 75MG ( <i>solriamfetol hcl</i> )	F	PA-QL QL=1 tab/day
<b>HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS - drugs to treat sleep disorders</b>		
WAKIX TAB 17.8MG, 4.45MG ( <i>pitolisant hcl</i> )	F	LD-PA-QL QL=2 tabs/day, Only available through PantherRx Pharmacy 855-726-8479
<b>STIMULANTS - MISC. - Miscellaneous stimulant drugs</b>		
<i>armodafinil tab 150MG, 200MG, 250MG, 50MG</i> (NUVIGIL Equiv)	F	PA-QL QL= 1 tab/day
<i>dexmethylphenidate tab 10MG, 2.5MG, 5MG</i> (FOCALIN Equiv)	F	-
<i>methylphenidate CD cap 10MG, 20MG, 30MG, 40MG, 50MG, 60MG</i> (METADATE CD Equiv)	F	-
<i>methylphenidate ER cap 10MG, 20MG, 30MG, 40MG, 60MG</i> (RITALIN LA Equiv)	F	-
<i>methylphenidate ER tab 10MG, 18MG, 20MG, 27MG, 36MG, 54MG</i>	F	-

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<i>methylphenidate soln 10MG/5ML, 5MG/5ML</i> (METHYLIN Equiv)	F	-
<i>methylphenidate tab 10MG, 20MG, 5MG</i> (RITALIN Equiv)	F	-
<i>modafinil tab 100MG, 200MG</i> (PROVIGIL Equiv)	F	PA-QL QL= 2 tabs/day
QUILLIVANT XR SUSP 25MG/5ML ( <i>methylphenidate hcl</i> )	F	-
<b>AMINOGLYCOSIDES - Drugs to treat bacterial infections</b>		
<b>AMINOGLYCOSIDES - Drugs to treat infections</b>		
<i>neomycin tab 500MG</i>	F	-
<i>tobramycin neb soln 300MG/5ML</i> (TOBI Equiv)	F	LMSP-RS Restricted to Infectious Disease or Pulmonology Specialist
<b>ANALGESICS - ANTI-INFLAMMATORY - Drugs to treat pain and inflammation</b>		
<b>ANTIRHEUMATIC - ENZYME INHIBITORS - Drugs to treat disorders of the immune system</b>		
RINVOQ ER TAB 15MG ( <i>upadacitinib</i> )	F	LMSP-PA-QL QL=1 tab/day
XELJANZ TAB 10MG, 5MG ( <i>tofacitinib citrate</i> )	F	LMSP-PA-QL QL= 2 tabs/day
XELJANZ XR TAB 11MG, 22MG ( <i>tofacitinib citrate</i> )	F	LMSP-PA-QL QL= 1 tab/day
<b>ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES - Drugs to treat disorders of the immune system</b>		

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HUMIRA INJ 10MG 10MG/0.1ML, 10MG/0.2ML <i>(adalimumab)</i>	F	LMSP-PA-QL QL= 2 syringes/28 days
HUMIRA INJ 20MG 20MG/0.2ML, 20MG/0.4ML <i>(adalimumab)</i>	F	LMSP-PA-QL QL= 2 syringes/28 days
HUMIRA INJ 40MG 40MG/0.4ML, 40MG/0.8ML <i>(adalimumab)</i>	F	LMSP-PA-QL QL= 2 syringes/28 days
HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK 40MG/0.8ML, 80MG/0.8ML <i>(adalimumab)</i>	F	LMSP-PA-QL QL= 1 pack/fill, 1 fill/plan year
HUMIRA INJ PEDIATRIC CROHNS STARTER PACK 40MG/0.8ML, 80MG/0.8ML <i>(adalimumab)</i>	F	LMSP-PA-QL QL= 1 pack/fill, 1 fill/plan year
HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK 40MG/0.8ML <i>(adalimumab)</i>	F	LMSP-PA-QL QL= 1 pack/fill, 1 fill/plan year
HUMIRA PEN INJ 40MG 40MG/0.4ML, 40MG/0.8ML <i>(adalimumab)</i>	F	LMSP-PA-QL QL= 2 pens/28 days
<b>GOLD COMPOUNDS - Drugs to treat disorders of the immune system</b>		
RIDAURA CAP 3MG <i>(auranofin)</i>	F	-
<b>INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA) - Drugs to treat rheumatoid arthritis</b>		
KINERET INJ 100MG/0.67ML <i>(anakinra)</i>	F	LD-PA-QL QL= 28 inj/28 days; Only available through Biologics 800-850-4306
<b>INTERLEUKIN-6 RECEPTOR INHIBITORS - Drugs to treat rheumatoid arthritis</b>		
ACTEMRA ACTPEN INJ 162MG/0.9ML <i>(tocilizumab)</i>	F	LMSP-PA-QL QL= 2 inj/28 days

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ACTEMRA SC INJ 162MG/0.9ML ( <i>tocilizumab</i> )	F	LMSP-PA-QL QL=2 inj/28 days
KEVZARA INJ 150MG/1.14ML, 200MG/1.14ML ( <i>sarilumab</i> )	F	LMSP-PA-QL QL=2 inj/28 days
<b>NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS) - Drugs to treat pain and inflammation</b>		
<i>celecoxib cap 100MG, 200MG, 400MG, 50MG</i> (CELEBREX Equiv)	F	QL QL= 2 caps/day
<i>diclofenac potassium tab 50MG</i> (CATAFLAM Equiv)	F	-
<i>diclofenac sodium EC tab 25MG, 50MG, 75MG</i> (VOLTAREN Equiv)	F	-
<i>diclofenac sodium XR tab 100MG</i> (VOLTAREN XR Equiv)	F	-
<i>etodolac cap 200MG, 300MG</i> (LODINE Equiv)	F	-
<i>etodolac tab 400MG, 500MG</i> (LODINE Equiv)	F	-
<i>flurbiprofen tab 100MG, 50MG</i> (ANSAID Equiv)	F	-
<i>ibuprofen cap 200MG</i> (ADVIL Equiv)	F	OTC
<i>ibuprofen chew tab 100MG</i> (CHILDRENS MOTRIN Equiv)	F	OTC
<i>ibuprofen susp (Rx ONLY) 100MG/5ML, 40MG/ML, 50MG/1.25ML</i> (ADVIL, MOTRIN Equiv)	F	OTC
<i>ibuprofen tab 100MG, 200MG, 400MG, 600MG, 800MG</i> (MOTRIN Equiv)	F	OTC
<i>indomethacin cap 25MG, 50MG</i> (INDOCIN Equiv)	F	-
<i>indomethacin CR cap 75MG</i> (INDOCIN SR Equiv)	F	-

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<i>ketorolac tab 10MG</i> (TORADOL Equiv)	F	QL QL= 20 tabs/5 days
<i>meloxicam tab 15MG, 7.5MG</i> (MOBIC Equiv)	F	-
<i>nabumetone tab 500MG, 750MG</i> (RELAFEN Equiv)	F	-
<i>naproxen EC tab 375MG, 500MG</i> (NAPROSYN EC Equiv)	F	-
<i>naproxen tab 250MG, 375MG, 500MG</i> (NAPROSYN Equiv)	F	-
<i>oxaprozin tab 600MG</i> (DAYPRO Equiv)	F	-
<i>piroxicam cap 10MG, 20MG</i> (FELDENE Equiv)	F	-
<i>sulindac tab 150MG, 200MG</i> (CLINORIL Equiv)	F	-
<b>PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - Drugs to treat disorders of the immune system</b>		
OTEZLA STARTER PACK ( <i>apremilast</i> )	F	LMSP-PA-QL QL= 1 pack/28 days
OTEZLA TAB 30MG ( <i>apremilast</i> )	F	LMSP-PA-QL QL=2 tabs/day
<b>PYRIMIDINE SYNTHESIS INHIBITORS - Drugs to treat disorders of the immune system</b>		
<i>leflunomide tab 10MG, 20MG</i> (ARAVA Equiv)	F	-
<b>SELECTIVE COSTIMULATION MODULATORS - Drugs to treat disorders of the immune system</b>		
ORENCIA CLICK INJ 125MG/ML ( <i>abatacept</i> )	F	LMSP-PA-QL QL= 4 inj/28 days
ORENCIA INJ 50MG/0.4ML 50MG/0.4ML ( <i>abatacept</i> )	F	LMSP-PA-QL QL= 4 inj/28 days

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ORENCIA INJ 87.5MG/0.7ML 87.5MG/0.7ML <i>(abatacept)</i>	F	LMSP-PA-QL QL= 4 inj/28 days
ORENCIA SC INJ 125MG/ML 125MG/ML <i>(abatacept)</i>	F	LMSP-PA-QL QL= 4 inj/28 days
<b>SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS - Drugs to treat disorders of the immune system</b>		
ENBREL INJ 25MG 25MG/0.5ML <i>(etanercept)</i>	F	LMSP-PA-QL QL= 8 inj/28 days
ENBREL INJ 50MG 50MG/ML <i>(etanercept)</i>	F	LMSP-PA-QL QL=4 inj/28 days
ENBREL MINI INJ 50MG/ML <i>(etanercept)</i>	F	LMSP-PA-QL QL= 4 inj/28 days
ENBREL SURECLICK INJ 50MG 50MG/ML <i>(etanercept)</i>	F	LMSP-PA-QL QL=4 inj/28 days
<b>ANALGESICS - NONNARCOTIC - Drugs to treat pain</b>		
<b>ANALGESICS OTHER - Drugs to treat pain</b>		
<i>acetaminophen cap 325MG, 500MG</i> (TYLENOL Equiv)	F	OTC
<i>acetaminophen drops 160MG/5ML, 325MG/10.15ML, 650MG/20.3ML, 80MG/0.8ML, 80MG/2.5ML</i>	F	OTC
<i>acetaminophen elixir 160MG/5ML, 80MG/2.5ML</i> (TYLENOL Equiv)	F	OTC
<i>acetaminophen er tab 650MG</i> (TYLENOL Equiv)	F	OTC

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<i>acetaminophen liquid 1000MG/30ML, 160MG/5ML, 500MG/15ML</i> (TYLENOL Equiv)	F	OTC
<i>acetaminophen supp 120MG, 325MG, 650MG</i>	F	OTC
<i>acetaminophen tab 325MG, 500MG</i> (TYLENOL Equiv)	F	OTC
<b>SALICYLATES - Drugs to treat pain</b>		
<i>aspirin chew tab 81mg 81MG</i>	F	OTC
<i>aspirin ec tab</i> (ECOTRIN Equiv)	F	OTC
<i>aspirin EC tab 325mg 324MG, 325MG</i> (ECOTRIN Equiv)	F	OTC
<i>aspirin EC tab 81mg 81MG</i> (ECOTRIN Equiv)	F	OTC
<i>aspirin tab 500MG</i>	F	OTC
<i>aspirin tab 325mg 325MG</i>	F	OTC
ASPIRIN TAB 81MG ( <i>aspirin</i> )	F	OTC
<i>salsalate tab 500MG, 750MG</i> (DISALCID Equiv)	F	-
<b>ANALGESICS - OPIOID - Drugs to treat pain</b>		
<b>OPIOID AGONISTS - Drugs to treat pain</b>		
<i>codeine sulfate tab 15MG, 30MG</i>	F	QL QL= 240 tabs/30 days
<i>codeine sulfate tab 60mg 60MG</i>	F	QL QL= 180 tabs/30 days
<i>fentanyl patch 100MCG/HR, 12MCG/HR, 25MCG/HR, 50MCG/HR, 75MCG/HR</i> (DURAGESIC Equiv)	F	QL QL= 10 patches/30 days

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<i>hydromorphone tab 2mg 2MG</i> (DILAUDID Equiv)	F	QL QL= 240 tabs/30 days
<i>hydromorphone tab 4mg 4MG</i> (DILAUDID Equiv)	F	QL QL= 180 tabs/30 days
<i>hydromorphone tab 8mg 8MG</i> (DILAUDID Equiv)	F	QL QL= 120 tabs/30 days
<i>methadone conc 10MG/ML</i> (METHADOSE Equiv)	F	QL QL= 600ml/30 days
<i>methadone soln 10mg/5ml 10MG/5ML</i> (DOLOPHINE Equiv)	F	QL QL= 600ml/30 days
<i>methadone soln 5mg/5ml 5MG/5ML</i> (DOLOPHINE Equiv)	F	QL QL= 1200ml/30 days
<i>methadone tab 5MG</i> (DOLOPHINE Equiv)	F	QL QL= 120 tabs/30 days
<i>methadone tab 10mg 10MG</i> (DOLOPHINE Equiv)	F	QL QL= 240 tabs/30 days
<i>morphine sulfate ER tab 100MG, 15MG, 200MG, 30MG, 60MG</i> (MS CONTIN Equiv)	F	QL QL= 90 tabs/30 days
<i>morphine sulfate soln 10mg/5ml 10MG/5ML</i> (MORPHINE SULFATE Equiv)	F	QL QL= 120ml/30 days
<i>morphine sulfate soln 20mg/5ml 20MG/5ML</i> (ROXANOL Equiv)	F	QL QL= 120ml/30 days
<i>morphine sulfate soln 20mg/ml 100MG/5ML, 10MG/0.5ML, 20MG/ML</i>	F	QL QL= 120ml/30 days

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MORPHINE SULFATE TAB 15MG, 30MG ( <i>morphine sulfate</i> )	F	QL QL= 180 tabs/30 days
<i>oxycodone cap 5MG</i> (OXYIR Equiv)	F	QL QL= 120 caps/30 days
<i>oxycodone soln 5mg/5ml 5MG/5ML</i> (ROXICODONE Equiv)	F	QL QL= 240ml/30 days
<i>oxycodone tab 10MG, 15MG, 20MG, 30MG, 5MG</i> (ROXICODONE Equiv)	F	QL QL= 120 tabs/30 days
<i>tramadol tab 50MG</i> (ULTRAM Equiv)	F	QL QL= 240 tabs/30 days
XTAMPZA ER CAP 13.5MG, 18MG, 27MG, 36MG, 9MG ( <i>oxycodone</i> )	F	PA-QL QL=120 cap/30 days
<b>OPIOID COMBINATIONS - Drugs to treat pain</b>		
<i>acetaminophen/codeine soln 12MG/5ML-120MG/5ML</i>	F	QL QL= 240ml/30 days
<i>acetaminophen/codeine tab 15MG-300MG, 30MG-300MG, 60MG-300MG</i> (TYLENOL/CODEINE Equiv)	F	QL QL= 180 tabs/30 days
<i>hydrocodone/acetaminophen soln 7.5mg-325mg/15ml 2.5MG/5ML-108MG/5ML, 5MG/10ML-217MG/10ML, 7.5MG/15ML-325MG/15ML</i> (HYCET Equiv)	F	QL QL= 1800ml/30 days
<i>hydrocodone/acetaminophen tab 10MG-325MG, 5MG-325MG, 7.5MG-325MG</i> (LORTAB Equiv)	F	QL QL= 120 tabs/30 days

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<i>oxycodone/acetaminophen tab 10mg-325mg</i> <b>10MG-325MG</b> (PERCOCET Equiv)	F	QL QL= 120 tabs/30 days
<i>oxycodone/acetaminophen tab 5mg-325mg</i> <b>5MG-325MG</b> (PERCOCET Equiv)	F	QL QL= 120 tabs/30 days
<i>oxycodone/acetaminophen tab 7.5mg-325mg</i> <b>7.5MG-325MG</b> (PERCOCET Equiv)	F	QL QL= 120 tabs/30 days
<i>oxycodone/aspirin tab</i>	F	QL QL= 120 tabs/30 days
<b>OPIOID PARTIAL AGONISTS - Drugs to treat pain</b>		
BELBUCA FILM 150MCG, 300MCG, 450MCG, 600MCG, 750MCG, 75MCG, 900MCG <i>(buprenorphine hcl)</i>	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
BUNAVAIL SL FILM .3MG-2.1MG, .7MG-4.2MG, 1MG-6.3MG <i>(buprenorphine hcl-naloxone hcl dihydrate)</i>	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
<i>buprenorphine patch 10MCG/HR, 15MCG/HR, 20MCG/HR, 5MCG/HR, 7.5MCG/HR</i> (BUTRANS Equiv)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
<i>buprenorphine SL tab 2MG, 8MG</i> (SUBUTEX Equiv)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
<i>buprenorphine/naloxone SL film .5MG-2MG, 1MG-4MG, 2MG-8MG, 3MG-12MG</i> (SUBOXONE Equiv)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program

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<i>buprenorphine/naloxone SL tab .5MG-2MG, 2MG-8MG (SUBOXONE Equiv)</i>	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
BUTRANS PATCH 10MCG/HR, 15MCG/HR, 20MCG/HR, 5MCG/HR, 7.5MCG/HR <i>(buprenorphine)</i>	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
PROBUPHINE KIT 74.2MG <i>(buprenorphine hcl)</i>	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
SUBLOCADE INJ 100MG/0.5ML, 300MG/1.5ML <i>(buprenorphine)</i>	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
SUBOXONE SL FILM .5MG-2MG, 1MG-4MG, 2MG-8MG, 3MG-12MG <i>(buprenorphine hcl-naloxone hcl dihydrate)</i>	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
SUBOXONE SL TAB <i>(buprenorphine hcl-naloxone hcl dihydrate)</i>	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
ZUBSOLV SL TAB .18MG-.7MG, .36MG-1.4MG, .71MG-2.9MG, 1.4MG-5.7MG, 2.1MG-8.6MG, 2.9MG-11.4MG <i>(buprenorphine hcl-naloxone hcl dihydrate)</i>	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
<b>ANDROGENS-ANABOLIC - Drugs to regulate male hormones</b>		
<b>ANABOLIC STEROIDS - Drugs used to gain weight</b>		
<i>oxandrolone tab (OXANDRIN Equiv)</i>	F	-
<b>ANDROGENS - Drugs to treat low testosterone level</b>		
ANDROGEL PUMP 1% 1% <i>(testosterone)</i>	F	PA-QL QL= 4 bottles/30 days

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<i>danazol cap 100MG, 200MG, 50MG</i> (DANOCRINE Equiv)	F	-
METHYLTESTOSTERONE CAP 10MG ( <i>methyltestosterone</i> )	F	PA
<i>testosterone cypionate inj 100MG/ML, 200MG/ML</i> (DEPO-TESTOSTERONE Equiv)	F	-
TESTOSTERONE GEL 1% 25MG 25MG/2.5GM ( <i>testosterone</i> )	F	PA-QL QL= 1 packet/day
<i>testosterone gel 1% 50mg 1%, 50MG/5GM</i> (ANDROGEL Equiv)	F	PA-QL QL= 10 units (2 packets)/day
<i>testosterone gel 1% pump 1%</i> (ANDROGEL Equiv)	F	PA-QL QL= 4 bottles/30 days
<i>testosterone gel 1.62% 1.25gm 20.25MG/1.25GM</i> (ANDROGEL Equiv)	F	PA-QL QL= 1 packet/day
<i>testosterone gel 1.62% 2.5gm 40.5MG/2.5GM</i> (ANDROGEL Equiv)	F	PA-QL QL= 2 packets/day
<i>testosterone pump 1.62% 1.62%</i> (ANDROGEL Equiv)	F	PA-QL QL= 2 bottles/30 days
<b>ANORECTAL AGENTS - Drugs to treat problems related to the rectum</b>		
<b>INTRARECTAL STEROIDS - Drugs to treat systemic swelling conditions</b>		
<i>hydrocortisone enema 100MG/60ML</i> (CORTENEMA Equiv)	F	-
<b>RECTAL COMBINATIONS - Drugs to treat systemic swelling conditions</b>		

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<i>hc pramoxine cream 1-1% 1%</i> (ANALPRAM HC Equiv)	F	-
<i>lidocaine/hydrocortisone cream .5%-3%</i> (ANAMANTLE Equiv)	F	-
PROCTOFOAM HC FOAM 1% ( <i>hydrocortisone acetate w/ pramoxine</i> )	F	-
<b>RECTAL STEROIDS - Drugs to treat systemic swelling conditions</b>		
<i>proctosol HC cream 1%, 2.5%</i> (ANUSOL HC Equiv)	F	-
<b>ANTACIDS - Drugs to treat ulcer and stomach acid</b>		
<b>ANTACID COMBINATIONS - Drugs to treat ulcer and stomach acid</b>		
<i>antacid chew tab 20MG-80MG</i>	F	OTC
<i>magnesium/aluminum hydroxide/simethicone chew tab 25MG-200MG</i> (GELUSIL Equiv)	F	OTC
<i>magnesium/aluminum hydroxide/simethicone susp .2%-40MG/10ML-400MG/10ML, 120MG/30ML-1200MG/30ML, 20MG/5ML-200MG/5ML, 240MG/30ML-2400MG/30ML, 40MG/5ML-400MG/5ML</i> (MYLANTA Equiv)	F	OTC
<b>ANTACIDS - ALUMINUM SALTS - Drugs to treat ulcer and stomach acid</b>		
ALUMINUM HYDROXIDE GEL SUSP 320MG/5ML ( <i>aluminum hydroxide gel</i> )	F	OTC
<b>ANTACIDS - BICARBONATE - Drugs to treat ulcer and stomach acid</b>		
<i>sodium bicarbonate tab 325MG, 650MG</i>	F	OTC

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<b>ANTACIDS - CALCIUM SALTS - Drugs to treat ulcer and stomach acid</b>		
<i>calcium carbonate chew tab 1000MG, 400MG, 420MG, 500MG, 750MG</i> (MYLANTA Equiv)	F	OTC
<i>calcium carbonate susp 1250MG/5ML</i>	F	OTC
<i>calcium carbonate tab 648MG</i>	F	OTC
<b>ANTACIDS - MAGNESIUM SALTS - Drugs to treat ulcer and stomach acid</b>		
<i>magnesium oxide tab 250MG, 400MG, 420MG</i> (MAG-OX Equiv)	F	OTC
<b>ANTHELMINTICS - Drugs to treat worm infections</b>		
<b>ANTHELMINTICS - Drugs to treat parasites</b>		
<i>BENZNIDAZOLE TAB 100MG, 12.5MG</i> ( <i>benznidazole</i> )	F	PA
<i>ivermectin tab 3MG</i> (STROMEKTOL Equiv)	F	-
<i>praziquantel tab 600MG</i> (BILTRICIDE Equiv)	F	-
<i>pyrantel pamoate susp 144MG/ML</i>	F	OTC
<b>ANTIANGINAL AGENTS - Drugs to treat chest pain</b>		
<b>ANTIANGINALS-OTHER - Drugs to treat chest pain</b>		
<i>ranolazine tab 1000MG, 500MG</i> (RANEXA Equiv)	F	-
<b>NITRATES - Drugs to treat chest pain</b>		
<i>isosorbide dinitrate ER tab</i> (ISOCHRON Equiv)	F	-
<i>isosorbide dinitrate tab 10MG, 20MG, 30MG, 5MG</i> (ISORDIL Equiv)	F	-
<i>isosorbide mononitrate ER tab 120MG, 30MG, 60MG</i> (IMDUR Equiv)	F	-

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<i>isosorbide mononitrate tab 10MG, 20MG</i> (MONOKET Equiv)	F	-
<i>nitroglycerin patch .1MG/HR, .2MG/HR, .4MG/HR, .6MG/HR</i> (NITRO-DUR Equiv)	F	-
<i>nitroglycerin SL tab .3MG, .4MG, .6MG</i> (NITROSTAT Equiv)	F	-
<b>ANTI-ANXIETY AGENTS - Drugs to treat anxiety</b>		
<b>ANTI-ANXIETY AGENTS - MISC. - Miscellaneous anti-anxiety drugs</b>		
<i>buspirone tab 10MG, 15MG, 5MG, 7.5MG</i> (BUSPAR Equiv)	F	-
<i>hydroxyzine pamoate cap 25MG, 50MG</i> (VISTARIL Equiv)	F	-
<i>hydroxyzine syrup 10MG/5ML</i> (ATARAX Equiv)	F	-
<i>hydroxyzine tab 10MG, 25MG, 50MG</i> (ATARAX Equiv)	F	-
<b>BENZODIAZEPINES - Drugs to treat anxiety</b>		
<i>alprazolam tab .25MG, .5MG, 1MG, 2MG</i> (XANAX Equiv)	F	QL QL=5 tabs/day
<i>chlordiazepoxide cap 10MG, 25MG, 5MG</i> (LIBRIUM Equiv)	F	-
<i>diazepam conc 5MG/ML</i> (VALIUM Equiv)	F	QL QL=180 ml/30 days
DIAZEPAM SOLN 5MG/5ML ( <i>diazepam</i> )	F	QL QL=180 ml/30 days

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EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
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<i>diazepam tab 10mg 10MG</i> (VALIUM Equiv)	F	QL QL=4 tabs/day
<i>diazepam tab 2mg 2MG</i> (VALIUM Equiv)	F	QL QL=4 tabs/day
<i>diazepam tab 5mg 5MG</i> (VALIUM Equiv)	F	QL QL=3 tabs/day
<i>lorazepam conc 1MG/0.5ML, 2MG/ML</i> (ATIVAN Equiv)	F	-
<i>lorazepam tab .5MG, 1MG, 2MG</i> (ATIVAN Equiv)	F	-
OXAZEPAM CAP 10MG, 15MG, 30MG ( <i>oxazepam</i> )	F	-
<b>ANTIARRHYTHMICS - Drugs to control heart rhythm</b>		
<b>ANTIARRHYTHMICS TYPE I-A - Drugs to control heart rhythm</b>		
<i>disopyramide cap 100MG, 150MG</i> (NORPACE Equiv)	F	-
<i>quinidine gluconate CR tab</i>	F	-
<i>quinidine sulfate tab</i>	F	-
<b>ANTIARRHYTHMICS TYPE I-B - Drugs to control heart rhythm</b>		
MEXILETINE CAP 150MG, 200MG, 250MG ( <i>mexiletine hcl</i> )	F	-
<b>ANTIARRHYTHMICS TYPE I-C - Drugs to control heart rhythm</b>		
<i>flecainide tab 100MG, 150MG, 50MG</i> (TAMBOCOR Equiv)	F	-
<i>propafenone ER cap 225MG, 325MG, 425MG</i> (RYTHMOL SR Equiv)	F	-

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<i>propafenone tab 150MG, 225MG, 300MG</i> (RYTHMOL Equiv)	F	-
<b>ANTIARRHYTHMICS TYPE III - Drugs to control heart rhythm</b>		
<i>amiodarone tab 100MG, 200MG, 400MG</i> (CORDARONE Equiv)	F	-
<i>dofetilide cap 125MCG, 250MCG, 500MCG</i> (TIKOSYN Equiv)	F	-
MULTAQ TAB 400MG ( <i>dronedarone hcl</i> )	F	-
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to treat asthma and COPD</b>		
<b>ANTIASTHMATIC - MONOCLONAL ANTIBODIES - Drugs to treat asthma</b>		
FASENRA PEN INJ 30MG/ML ( <i>benralizumab</i> )	F	LMSP-PA-QL QL=1 inj/56 days
NUCALA INJ 100MG/ML ( <i>mepolizumab</i> )	F	LMSP-PA-QL QL=1 inj/28 days
<b>BRONCHODILATORS - ANTICHOLINERGICS - Drugs to treat breathing disorders</b>		
ATROVENT HFA INHALER 17MCG/ACT ( <i>ipratropium bromide hfa</i> )	F	-
INCRUSE ELLIPTA INHALER 62.5MCG/INH ( <i>umeclidinium bromide</i> )	F	-
<i>ipratropium neb soln .02%</i> (ATROVENT Equiv)	F	-
SPIRIVA RESPIMAT INHALER 1.25MCG/ACT, 2.5MCG/ACT ( <i>tiotropium bromide monohydrate</i> )	F	-
<b>LEUKOTRIENE MODULATORS - Drugs to treat asthma and COPD</b>		
<i>montelukast chew tab 4MG, 5MG</i> (SINGULAIR Equiv)	F	-

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<i>montelukast granule pack 4MG</i> (SINGULAIR Equiv)	F	-
<i>montelukast tab 10MG</i> (SINGULAIR Equiv)	F	-
<b>STEROID INHALANTS - Drugs to treat asthma and COPD</b>		
ARNUITY ELLIPTA INHALER 100MCG/ACT, 200MCG/ACT, 50MCG/ACT ( <i>fluticasone furoate (inhalation)</i> )	F	-
<i>budesonide inh susp .25MG/2ML, .5MG/2ML, 1MG/2ML</i> (PULMICORT Equiv)	F	-
QVAR INHALER 40MCG/ACT, 80MCG/ACT ( <i>beclomethasone dipropionate</i> )	F	-
QVAR REDIHALER 40MCG/ACT, 80MCG/ACT ( <i>beclomethasone dipropionate hfa</i> )	F	-
<b>SYMPATHOMIMETICS - Drugs to treat asthma and COPD</b>		
<i>albuterol HFA inhaler 108MCG/ACT</i>	F	QL QL= 2 inhalers/30 days
<i>albuterol neb soln .083%, .5%, .63MG/3ML, 1.25MG/3ML, 2.5MG/0.5ML</i> (PROVENTIL Equiv)	F	-
<i>albuterol sulfate ER tab 4MG, 8MG</i> (VOSPIRE ER Equiv)	F	-
<i>albuterol sulfate syrup 2MG/5ML</i>	F	-
<i>albuterol sulfate tab 2MG, 4MG</i>	F	-
<i>albuterol/ipratropium neb soln .5MG/3ML-2.5MG/3ML</i> (DUONEB Equiv)	F	-

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ANORO ELLIPTA INHALER 25MCG/INH-62.5MCG/INH <i>(umeclidinium-vilanterol)</i>	F	-
COMBIVENT RESPIMAT INHALER 20MCG/ACT-100MCG/ACT <i>(ipratropium-albuterol)</i>	F	-
<i>fluticasone/salmeterol diskus 100/50</i> <b>50MCG/DOSE-100MCG/DOSE</b> (ADVAIR DISKUS Equiv)	F	QL QL= 1 inhaler/30 days
<i>fluticasone/salmeterol diskus 250/50</i> <b>50MCG/DOSE-250MCG/DOSE</b> (ADVAIR DISKUS Equiv)	F	QL QL= 1 inhaler/30 days
<i>fluticasone/salmeterol diskus 500/50</i> <b>50MCG/DOSE-500MCG/DOSE</b> (ADVAIR DISKUS Equiv)	F	QL QL= 1 inhaler/30 days
FLUTICASONE/SALMETEROL INHALER 14MCG/ACT-113MCG/ACT, 14MCG/ACT-232MCG/ACT, 14MCG/ACT-55MCG/ACT <i>(fluticasone-salmeterol)</i>	F	-
METAPROTERENOL SYRUP 10MG/5ML <i>(metaproterenol sulfite)</i>	F	-
SEREVENT DISKUS INHALER 50MCG/DOSE <i>(salmeterol xinafoate)</i>	F	-
STIOLTO INHALER 2.5MCG/ACT <i>(tiotropium bromide-olodaterol hcl)</i>	F	-

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<i>terbutaline sulfate tab 2.5MG, 5MG</i> (BRETHINE Equiv)	F	-
TRELEGY ELLIPTA INHALER 25MCG/INH-62.5MCG/INH-100MCG/INH ( <i>fluticasone-umeclidinium-vilanterol</i> )	F	-
<b>XANTHINES - Drugs to treat asthma and COPD</b>		
ELIXOPHYLLIN ELIXIR 80MG/15ML ( <i>theophylline</i> )	F	-
THEOCHRON TAB 100MG, 200MG, 300MG, 450MG ( <i>theophylline</i> )	F	-
<i>theophylline CR tab</i> (QUIBRON-T Equiv)	F	-
<i>theophylline ER tab 400MG, 600MG</i> (UNIPHYL Equiv)	F	-
<i>theophylline soln 80MG/15ML</i>	F	-
<b>ANTICOAGULANTS - Drugs to thin the blood</b>		
<b>COUMARIN ANTICOAGULANTS - Drugs to thin the blood</b>		
<i>warfarin tab 10MG, 1MG, 2.5MG, 2MG, 3MG, 4MG, 5MG, 6MG, 7.5MG</i> (COUMADIN Equiv)	F	-
<b>DIRECT FACTOR XA INHIBITORS - Drugs to thin the blood</b>		
ELIQUIS TAB, ELIQUIS STARTER PACK 2.5MG, 5MG ( <i>apixaban</i> )	F	-
XARELTO STARTER PACK ( <i>rivaroxaban</i> )	F	-
XARELTO TAB 10MG, 15MG, 2.5MG, 20MG ( <i>rivaroxaban</i> )	F	-
<b>HEPARINS AND HEPARINOID-LIKE AGENTS - Drugs to thin the blood</b>		

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<i>enoxaparin inj 100MG/ML, 120MG/0.8ML, 150MG/ML, 300MG/3ML, 30MG/0.3ML, 40MG/0.4ML, 60MG/0.6ML, 80MG/0.8ML</i> (LOVENOX Equiv)	F	QL QL= 17 days supply
<i>fondaparinux inj 10MG/0.8ML, 2.5MG/0.5ML, 5MG/0.4ML, 7.5MG/0.6ML</i> (ARIXTRA Equiv)	F	PA
<b>THROMBIN INHIBITORS - Drugs to thin the blood</b>		
PRADAXA CAP 110MG, 150MG, 75MG ( <i>dabigatran etexilate mesylate</i> )	F	-
<b>ANTICONVULSANTS - Drugs to treat seizures</b>		
<b>ANTICONVULSANTS - BENZODIAZEPINES - Drugs to treat seizures</b>		
<i>clobazam tab 10MG, 20MG</i> (ONFI Equiv)	F	PA
<i>clonazepam tab .5MG, 1MG, 2MG</i> (KLONOPIN Equiv)	F	-
DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL 10MG, 2.5MG, 20MG ( <i>diazepam (anticonvulsant)</i> )	F	QL QL=5 inj/30 days
<b>ANTICONVULSANTS - MISC. - Miscellaneous anti-convulsant drugs</b>		
BANZEL SUSP 40MG/ML ( <i>rufinamide</i> )	F	PA
BANZEL TAB 200MG, 400MG ( <i>rufinamide</i> )	F	PA
<i>carbamazepine chew tab 100MG</i> (TEGRETOL Equiv)	F	-
<i>carbamazepine ER cap 100MG, 200MG, 300MG</i> (CARBATROL Equiv)	F	-
<i>carbamazepine ER tab 100MG, 200MG, 400MG</i> (TEGRETOL XR Equiv)	F	-

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<i>carbamazepine susp 100MG/5ML</i> (TEGRETOL Equiv)	F	-
<i>carbamazepine tab 200MG</i> (TEGRETOL Equiv)	F	-
DIACOMIT CAP 250MG, 500MG ( <i>stiripentol</i> )	F	LD-PA Only available through US Bioservices 888-518-7246
DIACOMIT POWDER PACK 250MG, 500MG ( <i>stiripentol</i> )	F	LD-PA Only available through US Bioservices 888-518-7246
<i>gabapentin cap 100MG, 300MG, 400MG</i> (NEURONTIN Equiv)	F	-
<i>gabapentin soln 250MG/5ML, 300MG/6ML</i> (NEURONTIN Equiv)	F	-
<i>gabapentin tab 600MG, 800MG</i> (NEURONTIN Equiv)	F	-
LAMICTAL CHEW TAB 2MG ( <i>lamotrigine</i> )	F	-
<i>lamotrigine chew tab 25MG, 5MG</i> (LAMICTAL Equiv)	F	-
<i>lamotrigine tab 100MG, 150MG, 200MG, 25MG</i> (LAMICTAL Equiv)	F	-
<i>levetiracetam ER tab 500MG, 750MG</i> (KEPPRA XR Equiv)	F	-
<i>levetiracetam soln 100MG/ML, 500MG/5ML</i> (KEPPRA Equiv)	F	-
<i>levetiracetam tab 1000MG, 250MG, 500MG, 750MG</i> (KEPPRA Equiv)	F	-

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<i>oxcarbazepine susp 300MG/5ML, 60MG/ML</i> (TRILEPTAL Equiv)	F	-
<i>oxcarbazepine tab 150MG, 300MG, 600MG</i> (TRILEPTAL Equiv)	F	-
<i>pregabalin cap 100MG, 150MG, 200MG, 225MG, 25MG, 300MG, 50MG, 75MG</i> (LYRICA Equiv)	F	PA
<i>pregabalin soln 20MG/ML</i> (LYRICA Equiv)	F	PA
<i>primidone tab 250MG, 50MG</i> (MYSOLINE Equiv)	F	-
<i>topiramate sprinkle cap 15MG, 25MG</i> (TOPAMAX Equiv)	F	-
<i>topiramate tab 100MG, 200MG, 25MG, 50MG</i> (TOPAMAX Equiv)	F	-
VIMPAT SOLN 10MG/ML ( <i>lacosamide</i> )	F	-
VIMPAT TAB 100MG, 150MG, 200MG, 50MG ( <i>lacosamide</i> )	F	QL QL= 2 tabs/day
<i>zonisamide cap 100MG, 25MG, 50MG</i> (ZONEGRAN Equiv)	F	-
<b>CARBAMATES - Drugs to treat seizures</b>		
<i>felbamate susp 600MG/5ML</i> (FELBATOL Equiv)	F	-
<i>felbamate tab 400MG, 600MG</i> (FELBATOL Equiv)	F	-
<b>GABA MODULATORS - Drugs to treat seizures</b>		
<i>tiagabine tab 12MG, 16MG, 2MG, 4MG</i> (GABITRIL Equiv)	F	-

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<i>vigabatrin powder pack 500MG</i> (SABRIL Equiv)	F	LD-PA Only available through Walgreens 888-347-3416 or PantherRx 855-726-8479
<i>vigabatrin tab 500MG</i> (SABRIL Equiv)	F	LD-PA Only available through Walgreens 888-347-3416
<b>HYDANTOINS - Drugs to treat seizures</b>		
DILANTIN CAP 30MG 30MG ( <i>phenytoin sodium extended</i> )	F	-
<i>phenytoin cap 100MG, 200MG, 300MG</i> (DILANTIN Equiv)	F	-
<i>phenytoin chew tab 50MG</i> (DILANTIN Equiv)	F	-
<i>phenytoin susp 100MG/4ML, 125MG/5ML</i> (DILANTIN Equiv)	F	-
<b>SUCCINIMIDES - Drugs to treat seizures</b>		
CELONTIN CAP 300MG ( <i>methsuximide</i> )	F	-
<i>ethosuximide cap 250MG</i> (ZARONTIN Equiv)	F	-
<i>ethosuximide soln 250MG/5ML</i> (ZARONTIN Equiv)	F	-
<b>VALPROIC ACID - Drugs to treat seizures</b>		
<i>divalproex ER tab 250MG, 500MG</i> (DEPAKOTE ER Equiv)	F	-
<i>divalproex sodium DR tab 125MG, 250MG, 500MG</i> (DEPAKOTE Equiv)	F	-

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<i>divalproex sprinkle cap 125MG</i> (DEPAKOTE Equiv)	F	-
<i>valproic acid cap 250MG</i> (DEPAKENE Equiv)	F	-
<i>valproic acid syrup 100MG/ML, 250MG/5ML, 500MG/5ML</i> (DEPAKENE Equiv)	F	-
<b>ANTIDEPRESSANTS - Drugs to treat depression disorder</b>		
<b>ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS) - Drugs to treat depression</b>		
<i>mirtazapine ODT 15MG, 30MG, 45MG</i> (REMERON Equiv)	F	-
<i>mirtazapine tab 15MG, 30MG, 45MG, 7.5MG</i> (REMERON Equiv)	F	-
<b>ANTIDEPRESSANTS - MISC. - Miscellaneous anti-depressant drugs</b>		
<i>bupropion ER tab 100MG, 150MG, 200MG</i> (WELLBUTRIN Equiv)	F	-
<i>bupropion tab 100MG, 75MG</i> (WELLBUTRIN Equiv)	F	-
<i>bupropion XL tab 150MG, 300MG</i> (WELLBUTRIN XL Equiv)	F	-
MAPROTILINE TAB 25MG, 50MG, 75MG ( <i>maprotiline hcl</i> )	F	-
<b>MONOAMINE OXIDASE INHIBITORS (MAOIS) - Drugs to treat depression</b>		
EMSAM PATCH 12MG/24HR, 6MG/24HR, 9MG/24HR ( <i>selegiline</i> )	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
MARPLAN TAB 10MG ( <i>isocarboxazid</i> )	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program

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NARDIL TAB 15MG ( <i>phenelzine sulfate</i> )	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
PARNATE TAB 10MG ( <i>tranylcypromine sulfate</i> )	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
<i>phenelzine tab 15MG</i> (NARDIL Equiv)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
<i>tranylcypromine tab 10MG</i> (PARNATE Equiv)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
<b>SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS) - Drugs to treat depression</b>		
<i>citalopram soln 10MG/5ML</i> (CELEXA Equiv)	F	-
<i>citalopram tab 10MG, 20MG, 40MG</i> (CELEXA Equiv)	F	-
<i>escitalopram soln 5MG/5ML</i> (LEXAPRO Equiv)	F	-
<i>escitalopram tab 10MG, 20MG, 5MG</i> (LEXAPRO Equiv)	F	-
<i>fluoxetine cap 10MG, 20MG, 40MG</i> (PROZAC Equiv)	F	-
<i>fluoxetine soln 20MG/5ML</i> (PROZAC Equiv)	F	-
<i>fluoxetine tab 10MG, 20MG</i> (PROZAC Equiv)	F	-
<i>fluvoxamine ER cap 100MG, 150MG</i> (LUVOX CR Equiv)	F	ST Step Therapy requires trial of citalopram, escitalopram, fluoxetine, fluvoxamine, paroxetine, or sertraline
<i>fluvoxamine tab 100MG, 25MG, 50MG</i> (LUVOX Equiv)	F	-

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<i>paroxetine ER tab 12.5MG, 25MG, 37.5MG</i> (PAXIL CR Equiv)	F	-
<i>paroxetine tab 10MG, 20MG, 30MG, 40MG</i> (PAXIL Equiv)	F	-
<i>sertraline conc 20MG/ML</i> (ZOLOFT Equiv)	F	-
<i>sertraline tab 100MG, 25MG, 50MG</i> (ZOLOFT Equiv)	F	-
<b>SEROTONIN MODULATORS - Drugs to treat depression</b>		
NEFAZODONE TAB 100MG, 150MG, 200MG, 250MG, 50MG ( <i>nefazodone hcl</i> )	F	-
<i>nefazodone tab 50mg, 250mg</i> (SERZONE Equiv)	F	-
<i>trazodone tab 100MG, 150MG, 50MG</i> (DESYREL Equiv)	F	-
<b>SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS) - Drugs to treat depression</b>		
<i>desvenlafaxine ER tab 100MG, 25MG, 50MG</i> (PRISTIQ Equiv)	F	-
<i>duloxetine EC cap 20MG, 30MG, 60MG</i> (CYMBALTA Equiv)	F	-
<i>venlafaxine ER cap 150MG, 37.5MG, 75MG</i> (EFFEXOR XR Equiv)	F	-
<b>TRICYCLIC AGENTS - Drugs to treat depression</b>		
<i>amitriptyline tab 100MG, 10MG, 150MG, 25MG, 50MG, 75MG</i> (ELAVIL Equiv)	F	-

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AMOXAPINE TAB 100MG, 150MG, 25MG, 50MG ( <i>amoxapine</i> )	F	-
<i>desipramine tab 100MG, 10MG, 150MG, 25MG, 50MG, 75MG</i> (NORPRAMIN Equiv)	F	-
<i>doxepin cap 100MG, 10MG, 25MG, 50MG, 75MG</i> (SINEQUAN Equiv)	F	-
<i>doxepin conc 10MG/ML</i> (SINEQUAN Equiv)	F	-
<i>imipramine tab 10MG, 25MG, 50MG</i> (TOFRANIL Equiv)	F	-
<i>nortriptyline cap 10MG, 25MG, 50MG, 75MG</i> (PAMELOR Equiv)	F	-
<i>nortriptyline soln 10MG/5ML</i> (PAMELOR Equiv)	F	-
<b>ANTIDIABETICS - Drugs to regulate blood sugar</b>		
<b>ALPHA-GLUCOSIDASE INHIBITORS - Drugs to regulate blood sugar</b>		
<i>acarbose tab 100MG, 25MG, 50MG</i> (PRECOSE Equiv)	F	-
<b>ANTIDIABETIC COMBINATIONS - Drugs to regulate blood sugar</b>		
ALOGLIPTIN-METFORMIN TAB 12.5MG-1000MG, 12.5MG-500MG ( <i>alogliptin-metformin hcl</i> )	F	QL QL= 2 tabs/day
ALOGLIPTIN-PIOGLITAZONE TAB 12.5MG-15MG, 12.5MG-30MG, 12.5MG-45MG, 15MG-25MG, 25MG-30MG, 25MG-45MG ( <i>alogliptin-pioglitazone</i> )	F	QL QL= 1 tab/day
AVANDAMET TAB ( <i>rosiglitazone maleate-metformin hcl</i> )	F	-

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<i>glipizide/metformin tab 2.5MG-250MG, 2.5MG-500MG, 5MG-500MG (METAGLIP Equiv)</i>	F	-
<i>glyburide/metformin tab 1.25MG-250MG, 2.5MG-500MG, 5MG-500MG (GLUCOVANCE Equiv)</i>	F	-
SEGLUROMET TAB 2.5MG-1000MG, 2.5MG-500MG, 7.5MG-1000MG, 7.5MG-500MG ( <i>ertugliflozin-metformin hcl</i> )	F	QL QL=2 tab/day
<b>BIGUANIDES - Drugs to regulate blood sugar</b>		
<i>metformin ER tab 500MG, 750MG (GLUCOPHAGE XR Equiv)</i>	F	-
<i>metformin tab 1000MG, 500MG, 850MG (GLUCOPHAGE Equiv)</i>	F	-
<b>DIABETIC OTHER - Drugs to regulate blood sugar</b>		
BAQSIMI NASAL POWDER 3MG/DOSE ( <i>glucagon</i> )	F	QL QL=2 inhalations/fill
GLUCAGEN HYPOKIT INJ 1MG ( <i>glucagon hcl (rdna)</i> )	F	QL QL=2 inj/fill
GLUCAGON INJ KIT 1MG ( <i>glucagon (rdna)</i> )	F	QL QL=2 inj/fill
GLUCOSE CHEW TAB 4GM-6MG ( <i>glucose-vitamin c</i> )	F	OTC
<i>glucose gel 15GM/38GM, 40%</i>	F	OTC
GLUCOSE TAB 1GM, 4GM, 5GM ( <i>dextrose (diabetic use)</i> )	F	OTC

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GVOKE INJ .5MG/0.1ML, 1MG/0.2ML ( <i>glucagon</i> )	F	QL QL= 2 inj/fill
GVOKE PFS INJ .5MG/0.1ML, 1MG/0.2ML ( <i>glucagon</i> )	F	QL QL= 2 inj/fill
KORLYM TAB 300MG ( <i>mifepristone</i> ) ( <i>hyperglycemia</i> )	F	LD-PA Only available through Korlym SPARK program 855-4Korlym (855-456-7596)
<b>DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS - Drugs to regulate blood sugar</b>		
ALOGLIPTIN TAB 12.5MG, 25MG, 6.25MG ( <i>alogliptin benzoate</i> )	F	QL QL= 1 tab/day
<b>INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS) - Drugs to regulate blood sugar</b>		
OZEMPIC INJ 2MG/1.5ML ( <i>semaglutide</i> )	F	QL QL=1 pack/28 days
RYBELSUS TAB 14MG, 3MG, 7MG ( <i>semaglutide</i> )	F	QL QL=1 tab/day
TRULICITY INJ .75MG/0.5ML, 1.5MG/0.5ML ( <i>dulaglutide</i> )	F	QL QL=4 pens/28 days
<b>INSULIN - Drugs to regulate blood sugar</b>		
ADMELOG INJ 100UNIT/ML ( <i>insulin lispro</i> )	F	-
ADMELOG SOLOSTAR INJ 100UNIT/ML ( <i>insulin lispro</i> )	F	-
BASAGLAR INJ 100UNIT/ML ( <i>insulin glargine</i> )	F	-

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HUMALOG MIX INJ ( <i>insulin lispro protamine &amp; lispro (human)</i> )	F	
HUMALOG MIX KWIKPEN INJ 50/50 50UNIT/ML ( <i>insulin lispro protamine &amp; lispro (human)</i> )	F	-
HUMULIN MIX INJ, NOVOLIN MIX INJ ( <i>insulin isophane &amp; reg (human)</i> )	F	OTC
HUMULIN MIX PEN INJ, NOVOLIN FLEXPEN INJ 30UNIT/ML-70UNIT/ML ( <i>insulin nph isophane &amp; reg (human)</i> )	F	OTC
HUMULIN N INJ, NOVOLIN N INJ 100UNIT/ML ( <i>insulin nph (human) (isophane)</i> )	F	OTC
HUMULIN N PEN INJ, NOVOLIN N PEN INJ 100UNIT/ML ( <i>insulin nph (human) (isophane)</i> )	F	OTC
HUMULIN R INJ, NOVOLIN R INJ 100UNIT/ML, 500UNIT/ML ( <i>insulin regular (human)</i> )	F	OTC
HUMULIN R U-500 KWIKPEN INJ 500UNIT/ML ( <i>insulin regular (human)</i> )	F	-
INSULIN LISPRO PROTAMINE INJ 75/25 25UNIT/ML-75UNIT/ML ( <i>insulin lispro protamine &amp; lispro</i> )	F	-
NOVOLIN R INJ 100UNIT/ML ( <i>insulin regular (human)</i> )	F	OTC
<b>INSULIN SENSITIZING AGENTS - Drugs to regulate blood sugar</b>		
AVANDIA TAB 2MG, 4MG ( <i>rosiglitazone maleate</i> )	F	-

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<i>pioglitazone tab 15MG, 30MG, 45MG</i> (ACTOS Equiv)	F	-
<b>MEGLITINIDE ANALOGUES - Drugs to regulate blood sugar</b>		
<i>repaglinide tab .5MG, 1MG, 2MG</i> (PRANDIN Equiv)	F	-
<b>SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS - Drugs to regulate blood sugar</b>		
STEGLATRO TAB 15MG, 5MG ( <i>ertugliflozin l-pyroglutamic acid</i> )	F	QL QL=1 tab/day.
<b>SULFONYLUREAS - Drugs to regulate blood sugar</b>		
<i>chlorpropamide tab</i> (DIABINESE Equiv)	F	-
<i>glimepiride tab 1MG, 2MG, 4MG</i> (AMARYL Equiv)	F	-
<i>glipizide ER tab 10MG, 2.5MG, 5MG</i> (GLUCOTROL XL Equiv)	F	-
<i>glipizide tab 10MG, 5MG</i> (GLUCOTROL Equiv)	F	-
<i>glyburide micronized tab 1.5MG, 3MG, 6MG</i> (GLYNASE Equiv)	F	-
<i>glyburide tab 1.25MG, 2.5MG, 5MG</i> (MICRONASE Equiv)	F	-
<i>tolazamide tab 500MG</i> (TOLINASE Equiv)	F	-
TOLBUTAMIDE TAB 500MG ( <i>tolbutamide</i> )	F	-
<b>ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to treat diarrhea</b>		
<b>ANTIPERISTALTIC AGENTS - Drugs to treat diarrhea</b>		
DIPHENOXYLATE/ATROPINE LIQUID .025MG/5ML-2.5MG/5ML ( <i>diphenoxylate w/ atropine</i> )	F	-
<b>ANTIDIARRHEALS - Drugs to treat diarrhea</b>		

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<b>ANTIDIARRHEAL AGENTS - MISC. - Miscellaneous antidiarrheal agents</b>		
<i>bismuth subsalicylate chew tab 262MG</i> (PEPTO-BISMOL Equiv)	F	OTC
<i>bismuth subsalicylate susp 1050MG/30ML, 262MG/15ML, 525MG/15ML, 525MG/30ML, 527MG/30ML</i> (PEPTO-BISMOL Equiv)	F	OTC
<i>bismuth subsalicylate tab 262MG</i> (PEPTO BISMOL Equiv)	F	OTC
<b>ANTIPERISTALTIC AGENTS - Drugs to treat diarrhea</b>		
<i>diphenoxylate/atropine tab .025MG-2.5MG</i> (LOMOTIL Equiv)	F	-
<i>loperamide cap 2MG</i> (IMODIUM Equiv)	F	OTC
<i>loperamide liquid 1MG/5ML, 1MG/7.5ML</i> (IMODIUM A-D Equiv)	F	OTC
<i>loperamide tab 2MG</i> (IMODIUM A-D Equiv)	F	OTC
<b>ANTIDOTES - Drugs to treat overdose or toxicity</b>		
<b>ANTIDOTES - CHELATING AGENTS - Drugs to treat overdose or toxicity</b>		
CHEMET CAP 100MG ( <i>succimer</i> )	F	-
FERRIPROX SOLN 100MG/ML ( <i>deferiprone</i> )	F	LD-PA Only available through Ferriprox Total Care 866-758-7071
FERRIPROX TAB 1000MG, 500MG ( <i>deferiprone</i> )	F	LD-PA Only available through Ferriprox Total Care 866-758-7071

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<b>OPIOID ANTAGONISTS - Drugs to treat opioid overdose or toxicity</b>		
EVZIO INJ .4MG/0.4ML ( <i>naloxone hcl</i> )	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
<i>naloxone inj .4MG/ML, 4MG/10ML</i> (NARCAN Equiv)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
<i>naltrexone tab 50MG</i> (REVIA Equiv)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
NARCAN NASAL SPRAY 4MG/0.1ML ( <i>naloxone hcl</i> )	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
REVIA TAB ( <i>naltrexone hcl</i> )	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
VIVITROL INJ 380MG ( <i>naltrexone</i> )	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
<b>ANTIDOTES AND SPECIFIC ANTAGONISTS - Drugs to treat overdose or toxicity</b>		
<b>ANTIDOTES - CHELATING AGENTS - Drugs to treat overdose or toxicity</b>		
<i>deferasirox tab 125MG, 250MG, 500MG</i> (EXJADE Equiv)	F	LMSP
<i>deferasirox tab 90mg, 360mg 360MG, 90MG</i> (JADENU Equiv)	F	LMSP
JADENU SPRINKLE 180MG, 360MG, 90MG ( <i>deferasirox</i> )	F	LMSP
<b>OPIOID ANTAGONISTS - Drugs to treat opioid overdose or toxicity</b>		
EVZIO INJ 2MG/0.4ML ( <i>naloxone hcl</i> )	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program

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<i>naloxone prefilled inj 2MG/2ML</i>	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
<b>ANTIEMETICS - Drugs to treat nausea and vomiting</b>		
<b>5-HT3 RECEPTOR ANTAGONISTS - Drugs to treat nausea and vomiting</b>		
<i>granisetron tab 1MG</i> (KYTRIL Equiv)	F	QL QL= 9 tabs/fill
<i>ondansetron ODT 4MG, 8MG</i> (ZOFTRAN Equiv)	F	-
<i>ondansetron soln 4MG/5ML</i> (ZOFTRAN Equiv)	F	-
<i>ondansetron tab 24MG, 4MG, 8MG</i> (ZOFTRAN Equiv)	F	-
<b>ANTIEMETICS - ANTICHOLINERGIC - Drugs to treat nausea and vomiting</b>		
<i>dimenhydrin tab 50MG</i> (DRAMAMINE Equiv)	F	OTC
<i>meclizine chew tab 25MG</i> (BONINE Equiv)	F	OTC
<i>meclizine tab 12.5MG, 25MG</i> (ANTIVERT Equiv)	F	OTC
<i>trimethobenzamide cap 300MG</i> (TIGAN Equiv)	F	-
<b>ANTIEMETICS - MISCELLANEOUS - Miscellaneous anti-emetics</b>		
<i>AKYNZEO CAP .5MG-300MG</i> ( <i>netupitant-palonosetron</i> )	F	QL-RS QL= 1 cap/fill; Restricted to Oncology or Hematology Specialist
<i>anti-nausea soln 1.87GM/5ML-21.5MG/5ML</i> (EMETROL Equiv)	F	OTC
<i>dronabinol cap 10MG, 2.5MG, 5MG</i> (MARINOL Equiv)	F	PA
<b>SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS - Drugs to treat nausea and vomiting</b>		

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<i>aprepitant cap 125MG, 40MG, 80MG</i> (EMEND Equiv)	F	QL-RS QL= 3 caps/fill; Restricted to Oncology or Hematology Specialist
<i>aprepitant pak</i> (EMEND PAK Equiv)	F	QL-RS QL= 3 caps/fill; Restricted to Oncology or Hematology Specialist
VARUBI TAB 90MG ( <i>rolapitant hcl</i> )	F	QL-RS QL= 2 tabs/day; Restricted to Oncology or Hematology Specialist
<b>ANTIFUNGALS - Drugs to treat fungal infection</b>		
<b>ANTIFUNGALS - Drugs to treat fungal infection</b>		
<i>flucytosine cap 250MG, 500MG</i> (ANCOBON Equiv)	F	-
<i>griseofulvin micro tab 500MG</i> (GRIFULVIN V Equiv)	F	-
<i>griseofulvin susp 125MG/5ML</i> (GRIFULVIN Equiv)	F	-
<i>griseofulvin tab 125MG, 250MG</i> (GRIS-PEG Equiv)	F	-
<i>nystatin powder</i> (NYSTATIN Equiv)	F	-
<i>nystatin tab 500000UNIT</i>	F	-
<i>terbinafine tab 250MG</i> (LAMISIL Equiv)	F	-
<b>IMIDAZOLE-RELATED ANTIFUNGALS - Drugs to treat fungal infections</b>		
<i>fluconazole susp 10MG/ML, 40MG/ML</i> (DIFLUCAN Equiv)	F	-
<i>fluconazole tab 100MG, 150MG, 200MG, 50MG</i> (DIFLUCAN Equiv)	F	-
<i>itraconazole cap 100MG</i> (SPORANOX Equiv)	F	PA

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<i>ketoconazole tab 200MG</i> (NIZORAL Equiv)	F	-
NOXAFIL SUSP 40MG/ML ( <i>posaconazole</i> )	F	-
<i>posaconazole DR tab 100MG</i> (NOXAFIL Equiv)	F	-
<i>voriconazole susp 40MG/ML</i> (VFEND Equiv)	F	RS Restricted to Infectious Disease Specialist
<i>voriconazole tab 200MG, 50MG</i> (VFEND Equiv)	F	RS Restricted to Infectious Disease Specialist
<b>ANTIHISTAMINES - Drugs to treat allergies</b>		
<b>ANTIHISTAMINES - ALKYLAMINES - Drugs to treat cough, cold, and allergy symptoms</b>		
<i>chlorpheniramine CR tab 12MG</i> (CHLOR-TRIMETON Equiv)	F	OTC Only covered for members age 2 years or older
<i>chlorpheniramine syrup 2MG/5ML</i> (CHLOR-TRIMETON Equiv)	F	OTC Only covered for members age 2 years or older
<i>chlorpheniramine tab 4MG</i> (CHLOR-TRIMETON Equiv)	F	OTC Only covered for members age 2 years or older
<b>ANTIHISTAMINES - ETHANOLAMINES - Drugs to treat cough, cold, and allergy symptoms</b>		
<i>diphenhydramine cap 25MG, 50MG</i> (BENADRYL Equiv)	F	OTC Only covered for members age 2 years or older

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<i>diphenhydramine liquid 12.5MG/5ML, 25MG/10ML, 50MG/20ML, 6.25MG/ML</i> (BENADRYL Equiv)	F	OTC Only covered for members age 2 years or older
<i>diphenhydramine tab 25MG</i> (BENADRYL Equiv)	F	OTC Only covered for members age 2 years or older
<b>ANTIHISTAMINES - NON-SEDATING - Drugs to treat cough, cold, and allergy symptoms</b>		
<i>cetirizine syrup 1MG/ML, 5MG/5ML</i> (ZYRTEC Equiv)	F	OTC
<i>cetirizine tab 10MG, 5MG</i> (ZYRTEC Equiv)	F	OTC-QL QL= 1 tab/day
CLARITIN REDITAB 5MG ( <i>loratadine</i> )	F	OTC-QL QL= 1 tab/day
<i>loratadine ODT 10MG</i> (CLARITIN Equiv)	F	OTC-QL QL= 1 tab/day
<i>loratadine syrup 5MG/5ML</i> (CLARITIN Equiv)	F	OTC-QL QL= 240ml/30 days; Only covered for members age 2 years or older
<i>loratadine tab 10MG</i> (CLARITIN Equiv)	F	OTC-QL QL= 1 tab/day; Covered for members age 2 years or older
<b>ANTIHISTAMINES - PHENOTHIAZINES - Drugs to treat cough, cold, and allergy symptoms</b>		
<i>promethazine supp 12.5MG, 25MG, 50MG</i> (PHENERGAN Equiv)	F	-
<i>promethazine syrup 6.25MG/5ML</i>	F	-

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<i>promethazine tab 12.5MG, 25MG, 50MG</i> (PHENERGAN Equiv)	F	-
PROMETHEGAN SUPP 50MG ( <i>promethazine hcl</i> )	F	-
<b>ANTI-HISTAMINES - PIPERIDINES - Drugs to treat cough, cold, and allergy symptoms</b>		
<i>cyproheptadine syrup 2MG/5ML</i>	F	-
<i>cyproheptadine tab 4MG</i>	F	-
<b>ANTI-HYPERLIPIDEMICS - Drugs to treat high cholesterol</b>		
<b>ANTI-HYPERLIPIDEMICS - MISC. - Miscellaneous anti-hyperlipidemics</b>		
<i>omega-3-acid ethyl esters cap 1GM-375MG-465MG</i> (LOVAZA Equiv)	F	-
<b>BILE ACID SEQUESTRANTS - Drugs to treat high cholesterol</b>		
<i>cholestyramine lite powder 4GM/DOSE</i> (QUESTRAN LITE Equiv)	F	-
<i>cholestyramine lite powder pack 4GM</i> (QUESTRAN LITE Equiv)	F	-
<i>cholestyramine powder 4GM/DOSE</i> (QUESTRAN Equiv)	F	-
<i>cholestyramine powder pack 4GM</i> (QUESTRAN Equiv)	F	-
<i>colestipol tab 1GM</i> (COLESTID Equiv)	F	-
<b>FIBRIC ACID DERIVATIVES - Drugs to treat high cholesterol</b>		
<i>fenofibrate cap 67mg, 134mg, 200mg 134MG, 200MG, 67MG</i> (LOFIBRA Equiv)	F	-

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<i>fenofibrate tab 48mg, 50mg, 54mg, 145mg, 160mg 145MG, 160MG, 48MG, 54MG</i> (TRICOR Equiv)	F	-
<i>fenofibric acid DR cap 135MG, 45MG</i> (TRILIPIX Equiv)	F	-
<i>gemfibrozil tab 600MG</i> (LOPID Equiv)	F	-
<b>HMG COA REDUCTASE INHIBITORS - Drugs to treat high cholesterol</b>		
<i>atorvastatin tab 10mg 10MG</i> (LIPITOR Equiv)	F	-
<i>atorvastatin tab 20mg 20MG</i> (LIPITOR Equiv)	F	-
<i>atorvastatin tab 40mg 40MG</i> (LIPITOR Equiv)	F	-
<i>atorvastatin tab 80mg 80MG</i> (LIPITOR Equiv)	F	-
<i>lovastatin tab 10MG, 20MG, 40MG</i> (MEVACOR Equiv)	F	-
<i>pravastatin tab 10MG, 20MG, 40MG, 80MG</i> (PRAVACHOL Equiv)	F	-
<i>rosuvastatin tab 10mg 10MG</i> (CRESTOR Equiv)	F	QL QL= 1 tab/day
<i>rosuvastatin tab 20mg 20MG</i> (CRESTOR Equiv)	F	QL QL= 1.5 tabs/day
<i>rosuvastatin tab 40mg 40MG</i> (CRESTOR Equiv)	F	QL QL= 1 tab/day
<i>rosuvastatin tab 5mg 5MG</i> (CRESTOR Equiv)	F	QL QL= 1 tab/day
<i>simvastatin tab 10MG, 20MG, 40MG, 5MG</i> (ZOCOR Equiv)	F	80mg is Not Covered

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<b>INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS - Drugs to treat high cholesterol</b>		
<i>ezetimibe tab 10MG</i> (ZETIA Equiv)	F	-
<b>NICOTINIC ACID DERIVATIVES - Drugs to treat high cholesterol</b>		
<i>niacin ER tab 1000MG, 500MG, 750MG</i> (NIASPAN Equiv)	F	-
<b>PROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS - Drugs to treat high cholesterol</b>		
PRALUENT INJ 150MG/ML, 75MG/ML ( <i>alirocumab</i> )	F	LMSP-PA-QL QL= 2 inj/28 days
REPATHA INJ 140MG/ML ( <i>evolocumab</i> )	F	LMSP-PA-QL QL=2 inj/28 days
REPATHA PUSHTRONEX INJ 420MG/3.5ML ( <i>evolocumab</i> )	F	LMSP-PA-QL QL=1 inj/28 days
<b>ANTIHYPERTENSIVES - Drugs to treat high blood pressure</b>		
<b>ACE INHIBITORS - Drugs to treat high blood pressure</b>		
<i>benazepril tab 10MG, 20MG, 40MG, 5MG</i> (LOTENSIN Equiv)	F	-
<i>captopril tab 100MG, 12.5MG, 25MG, 50MG</i> (CAPOTEN Equiv)	F	-
<i>enalapril tab 10MG, 2.5MG, 20MG, 5MG</i> (VASOTEC Equiv)	F	-
<i>fosinopril tab 10MG, 20MG, 40MG</i> (MONOPRIL Equiv)	F	-

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<i>lisinopril tab 10MG, 2.5MG, 20MG, 30MG, 40MG, 5MG</i> (PRINIVIL/ZESTRIL Equiv)	F	-
QBRELIS SOLN 1MG/ML ( <i>lisinopril</i> )	F	PA
<i>quinapril tab 10MG, 20MG, 40MG, 5MG</i> (ACCUPRIL Equiv)	F	-
<i>ramipril cap 1.25MG, 10MG, 2.5MG, 5MG</i> (ALTACE Equiv)	F	-
<b>AGENTS FOR PHEOCHROMOCYTOMA - Drugs to treat high blood pressure</b>		
<i>phenoxybenzamine cap 10MG</i> (DIBENZYLINE Equiv)	F	LMSP
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS - Drugs to treat high blood pressure</b>		
<i>irbesartan tab 150MG, 300MG, 75MG</i> (AVAPRO Equiv)	F	-
<i>losartan tab 100MG, 25MG, 50MG</i> (COZAAR Equiv)	F	-
<i>olmesartan tab 20MG, 40MG, 5MG</i> (BENICAR Equiv)	F	-
<i>telmisartan tab 20MG, 40MG, 80MG</i> (MICARDIS Equiv)	F	-
<i>valsartan tab 160MG, 320MG, 40MG, 80MG</i> (DIOVAN Equiv)	F	-
<b>ANTIADRENERGIC ANTIHYPERTENSIVES - Drugs to treat high blood pressure</b>		
<i>clonidine patch .1MG/24HR, .2MG/24HR, .3MG/24HR</i> (CATAPRES-TTS Equiv)	F	-
<i>clonidine tab .1MG, .2MG, .3MG</i> (CATAPRES Equiv)	F	-
<i>doxazosin tab 1MG, 2MG, 4MG, 8MG</i> (CARDURA Equiv)	F	-

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<i>guanfacine IR tab 1MG, 2MG</i> (TENEX Equiv)	F	-
<i>methyldopa tab 250MG, 500MG</i> (ALDOMET Equiv)	F	-
<i>prazosin cap 1MG, 2MG, 5MG</i> (MINIPRESS Equiv)	F	-
<i>terazosin cap 10MG, 1MG, 2MG, 5MG</i> (HYTRIN Equiv)	F	-
<b>ANTIHYPERTENSIVE COMBINATIONS - Drugs to treat high blood pressure</b>		
<i>amlodipine/benazepril cap 10MG-20MG, 10MG-40MG, 2.5MG-10MG, 5MG-10MG, 5MG-20MG, 5MG-40MG</i> (LOTREL Equiv)	F	-
<i>amlodipine/olmesartan tab 10MG-20MG, 10MG-40MG, 5MG-20MG, 5MG-40MG</i> (AZOR Equiv)	F	-
<i>amlodipine/valsartan tab 10MG-160MG, 10MG-320MG, 5MG-160MG, 5MG-320MG</i> (EXFORGE Equiv)	F	-
<i>amlodipine/valsartan/hydrochlorothiazide tab 10MG-12.5MG-160MG, 10MG-25MG-160MG, 10MG-25MG-320MG, 5MG-12.5MG-160MG, 5MG-25MG-160MG</i> (EXFORGE HCT Equiv)	F	-
<i>atenolol/chlorthalidone tab 25MG-100MG, 25MG-50MG</i> (TENORETIC Equiv)	F	-
<i>benazepril/hydrochlorothiazide tab 10MG-12.5MG, 12.5MG-20MG, 20MG-25MG, 5MG-6.25MG</i> (LOTENSIN HCT Equiv)	F	-

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<i>bisoprolol/hydrochlorothiazide tab 2.5MG-6.25MG, 5MG-6.25MG, 6.25MG-10MG</i> (ZIAC Equiv)	F	-
<i>enalapril/hydrochlorothiazide tab 10MG-25MG, 5MG-12.5MG</i> (VASERETIC Equiv)	F	-
<i>fosinopril/hydrochlorothiazide tab 10MG-12.5MG, 12.5MG-20MG</i> (MONOPRIL HCT Equiv)	F	-
<i>irbesartan/hydrochlorothiazide tab 12.5MG-150MG, 12.5MG-300MG</i> (AVALIDE Equiv)	F	-
<i>lisinopril/hydrochlorothiazide tab 10MG-12.5MG, 12.5MG-20MG, 20MG-25MG</i> (ZESTORETIC Equiv)	F	-
<i>losartan/hydrochlorothiazide tab 12.5MG-100MG, 12.5MG-50MG, 25MG-100MG</i> (HYZAAR Equiv)	F	-
METHYLDOPA/HYDROCHLOROTHIAZIDE TAB 15MG-250MG, 25MG-250MG ( <i>methyldopa &amp; hydrochlorothiazide</i> )	F	-
<i>metoprolol/hydrochlorothiazide tab 25MG-100MG, 25MG-50MG, 50MG-100MG</i>	F	-
<i>olmesartan/hydrochlorothiazide tab 12.5MG-20MG, 12.5MG-40MG, 25MG-40MG</i> (BENICAR HCT Equiv)	F	-
PROPRANOLOL/HYDROCHLOROTHIAZIDE TAB 25MG-40MG, 25MG-80MG ( <i>propranolol &amp; hydrochlorothiazide</i> )	F	-
<i>quinapril/hydrochlorothiazide tab 10MG-12.5MG, 12.5MG-20MG, 20MG-25MG</i> (ACCURETIC Equiv)	F	-

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<i>valsartan/hydrochlorothiazide tab 12.5MG-160MG, 12.5MG-320MG, 12.5MG-80MG, 25MG-160MG, 25MG-320MG</i> (DIOVAN HCT Equiv)	F	-
<b>VASODILATORS - Drugs to treat high blood pressure</b>		
<i>hydralazine tab 100MG, 10MG, 25MG, 50MG</i> (APRESOLINE Equiv)	F	-
<i>minoxidil tab 10MG, 2.5MG</i> (LONITEN Equiv)	F	-
<b>ANTI-INFECTIVE AGENTS - MISC. - Miscellaneous anti-infective drugs</b>		
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IMPAVIDO CAP 50MG ( <i>miltefosine</i> )	F	PA
<i>metronidazole tab 250MG, 500MG</i> (FLAGYL Equiv)	F	-
<i>pentamidine neb soln 300MG</i> (PENTAM 300 Equiv)	F	LMSP
<i>trimethoprim tab</i> (PROLOPRIM Equiv)	F	-
XIFAXAN TAB 200MG 200MG ( <i>rifaximin</i> )	F	PA-QL QL= 9 tabs/fill
XIFAXAN TAB 550MG 550MG ( <i>rifaximin</i> )	F	PA-QL QL= 2 tabs/day
<b>ANTI-INFECTIVE MISC. - COMBINATIONS - Miscellaneous anti-infective drug combinations</b>		
<i>smz/tmp (DS) tab 160MG-800MG, 80MG-400MG</i> (BACTRIM DS Equiv)	F	-
<i>smz/tmp susp 40MG/5ML-200MG/5ML</i> (BACTRIM, SEPTRA Equiv)	F	-
<b>ANTIPROTOZOAL AGENTS - Drugs to treat protozoan infections</b>		

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ALINIA SUSP 100MG/5ML ( <i>nitazoxanide</i> )	F	PA-QL QL=60ml/3 days
ALINIA TAB 500MG ( <i>nitazoxanide</i> )	F	PA-QL QL=6 tabs/3 days
<i>atovaquone susp 750MG/5ML</i> (MEPRON Equiv)	F	-
<b>GLYCOPEPTIDES - Drugs to treat bacterial infections</b>		
FIRST-VANCOMYCIN SOLN 25MG/ML, 50MG/ML ( <i>vancomycin hcl</i> )	F	-
FIRVANQ SOLN 25MG/ML, 50MG/ML ( <i>vancomycin hcl</i> )	F	-
<i>vancomycin cap 125MG, 250MG</i> (VANCOCIN Equiv)	F	QL QL= 56 caps/fill
<b>LEPROSTATICS - Drugs to treat Leprosy (bacterial infections)</b>		
<i>dapsone tab 100MG, 25MG</i>	F	-
<b>LINCOSAMIDES - Drugs to treat bacterial infections</b>		
<i>clindamycin cap 150MG, 300MG, 75MG</i> (CLEOCIN Equiv)	F	-
<b>MONOBACTAMS - Drugs to treat bacterial infections</b>		
CAYSTON INH SOLN 75MG ( <i>aztreonam lysine</i> )	F	KMSP-RS Restricted to Infectious Disease or Pulmonology Specialist
<b>OXAZOLIDINONES - Drugs to treat bacterial infections</b>		

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<i>linezolid susp 100MG/5ML</i> (ZYVOX Equiv)	F	RS Restricted to Infectious Disease Specialist
<i>linezolid tab 600MG</i> (ZYVOX Equiv)	F	RS Restricted to Infectious Disease Specialist
SIVEXTRO TAB 200MG ( <i>tedizolid phosphate</i> )	F	QL-RS QL= 6 tabs/fill; Restricted to Infectious Disease Specialist
<b>PLEUROMUTILINS - drugs to treat infections</b>		
XENLETA TAB 600MG ( <i>lefamulin acetate</i> )	F	QL-RS QL= 14 tabs/180 days. Restricted to Infectious Disease Specialist
<b>ANTIMALARIALS - Drugs to treat malaria (parasitic infections)</b>		
<b>ANTIMALARIAL COMBINATIONS - Drugs to treat malaria (parasitic infections)</b>		
<i>atovaquone/proguanil tab 100MG-250MG, 25MG-62.5MG</i> (MALARONE Equiv)	F	-
<b>ANTIMALARIALS - Drugs to treat malaria (parasitic infections)</b>		
<i>chloroquine tab 250MG, 500MG</i> (ARALEN Equiv)	F	-
<i>hydroxychloroquine tab 200MG</i> (PLAQUENIL Equiv)	F	-
KRINTAFEL TAB 150MG ( <i>tafenoquine succinate</i> )	F	-
MEFLOQUINE TAB 250MG ( <i>mefloquine hcl</i> )	F	-
<i>primaquine tab 26.3MG</i>	F	-

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<i>pyrimethamine tab 25MG</i>	F	LD-PA-QL QL= 3 tabs/day; Only available through Walgreens 888-347-3416
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS - Drugs to treat neurological disorders</b>		
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS - Drugs to treat neurological disorders</b>		
<i>pyridostigmine CR tab 180MG</i> (MESTINON Equiv)	F	-
<i>pyridostigmine tab 60MG</i> (MESTINON Equiv)	F	-
RUZURGI TAB 10MG ( <i>amifampridine</i> )	F	LD-PA Only available through PantheRx Pharmacy 855-726-8479
<b>ANTIMYCOBACTERIAL AGENTS - Drugs to treat Tuberculosis (bacterial infections)</b>		
<b>ANTI TB COMBINATIONS - Drugs to treat Tuberculosis (bacterial infections)</b>		
<i>isonarif cap</i> (RIFAMATE Equiv)	F	-
RIFAMATE CAP 150MG-300MG ( <i>isoniazid &amp; rifampin</i> )	F	-
<b>ANTIMYCOBACTERIAL AGENTS - Drugs to treat Tuberculosis (bacterial infections)</b>		
<i>ethambutol tab 100MG, 400MG</i> (MYAMBUTOL Equiv)	F	-
ISONIAZID SYRUP 50MG/5ML ( <i>isoniazid</i> )	F	-
ISONIAZID TAB 100MG ( <i>isoniazid</i> )	F	-
PRIFTIN TAB 150MG ( <i>rifapentine</i> )	F	-
<i>pyrazinamide tab 500MG</i>	F	-
<i>rifabutin cap 150MG</i> (MYCOBUTIN Equiv)	F	-
<i>rifampin cap 150MG, 300MG</i> (RIFADIN Equiv)	F	-

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<b>ANTINEOPLASTICS - Drugs to treat cancer</b>		
<b>ANTINEOPLASTICS MISC. - Miscellaneous drugs to treat cancer</b>		
<i>tretinoin cap 10MG</i> (VESANOID Equiv)	F	LMSP
<b>TOPOISOMERASE I INHIBITORS - Drugs to treat cancer</b>		
<i>HYCANTIN CAP .25MG, 1MG (topotecan hcl)</i>	F	LMSP-PA
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to treat cancer</b>		
<b>ALKYLATING AGENTS - Drugs to treat cancer</b>		
<i>AFINITOR TAB 10MG 10MG (everolimus)</i>	F	LMSP-PA-QL-SF QL= 1 tab/day
<i>cyclophosphamide cap 25MG, 50MG</i>	F	-
<i>GLEOSTINE/LOMUSTINE CAP 100MG, 10MG, 40MG, 5MG (lomustine)</i>	F	-
<i>HEXALEN CAP 50MG (altretamine)</i>	F	LMSP
<i>LEUKERAN TAB 2MG (chlorambucil)</i>	F	LMSP
<i>melphalan tab 2MG</i> (ALKERAN Equiv)	F	LMSP
<i>MYLERAN TAB 2MG (busulfan)</i>	F	LMSP
<i>temozolomide cap 100MG, 140MG, 180MG, 20MG, 250MG, 5MG</i> (TEMODAR Equiv)	F	LMSP
<b>ANTIMETABOLITES - Drugs to treat cancer</b>		
<i>capecitabine tab 150MG, 500MG</i> (XELODA Equiv)	F	LMSP
<i>mercaptopurine tab 50MG</i> (PURINETHOL Equiv)	F	-
<i>methotrexate inj 1GM</i>	F	-
<i>methotrexate tab 2.5MG</i> (TREXALL Equiv)	F	-
<i>TABLOID TAB 40MG (thioguanine)</i>	F	-

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<b>ANTINEOPLASTIC - BCL-2 INHIBITORS - Drugs to treat cancer</b>		
VENCLEXTA STARTER PACK ( <i>venetoclax</i> )	F	LD-PA Only available through Diplomat Pharmacy 877-977-9118
VENCLEXTA TAB 100MG, 10MG, 50MG ( <i>venetoclax</i> )	F	LD-PA Only available through Diplomat Pharmacy 877-977-9118
<b>ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS - Drugs to treat cancer</b>		
ERIVEDGE CAP 150MG ( <i>vismodegib</i> )	F	KMSP-PA-SF
ODOMZO CAP 200MG ( <i>sonidegib phosphate</i> )	F	LMSP-PA-QL-SF QL= 1 cap/day
<b>ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS - Drugs to treat cancer</b>		
<i>abiraterone tab 250mg 250MG</i> (ZYTIGA Equiv)	F	LMSP-QL QL= 4 tabs/day
<i>anastrozole tab 1MG</i> (ARIMIDEX Equiv)	F	Covered at \$0 for women 35 years or older; All other members covered at generic copay
<i>bicalutamide tab 50MG</i> (CASODEX Equiv)	F	-
EMCYT CAP 140MG ( <i>estramustine phosphate sodium</i> )	F	-
ERLEADA TAB 60MG ( <i>apalutamide</i> )	F	KMSP-PA-QL QL= 4 tabs/day

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<i>exemestane tab 25MG</i> (AROMASIN Equiv)	F	Covered at \$0 for women 35 years or older; All other members covered at generic copay
<i>flutamide cap 125MG</i> (EULEXIN Equiv)	F	-
<i>letrozole tab 2.5MG</i> (FEMARA Equiv)	F	-
LYSODREN TAB 500MG ( <i>mitotane</i> )	F	LD Only available through Direct Success Pharmacy 732-919-1234
<i>megestrol susp 400MG/10ML, 40MG/ML</i> (MEGACE Equiv)	F	-
<i>megestrol tab 20MG, 40MG</i> (MEGACE Equiv)	F	-
<i>nilutamide tab 150MG</i> (NILANDRON Equiv)	F	LMSP
NUBEQA TAB 300MG ( <i>darolutamide</i> )	F	MSP-PA-QL-SF QL=4 tabs/day
<i>tamoxifen tab 10MG, 20MG</i> (NOLVADEX Equiv)	F	-
<i>toremifene tab 60MG</i> (FARESTON Equiv)	F	-
<b>ANTINEOPLASTIC - IMMUNOMODULATORS - Drugs to treat cancer</b>		
POMALYST CAP 1MG, 2MG, 3MG, 4MG ( <i>pomalidomide</i> )	F	MSP-PA-QL QL=21 caps/28 days
<b>ANTINEOPLASTIC - XPO1 INHIBITORS - Drugs to treat cancer</b>		
XPOVIO PAK 20MG ( <i>selinexor</i> )	F	LD-PA-QL-SF QL=32 tabs/28 days, Only available through Biologics 800-850-4306
<b>ANTINEOPLASTIC COMBINATIONS - Drugs to treat cancer</b>		

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LONSURF TAB 6.14MG-15MG, 8.19MG-20MG <i>(trifluridine-tipiracil)</i>	F	LD-PA Only available through Walgreens 888-347-3416
<b>ANTINEOPLASTIC ENZYME INHIBITORS - Drugs to treat cancer</b>		
AFINITOR DISPERZ 2MG, 3MG, 5MG <i>(everolimus)</i>	F	LMSP-PA-QL-SF QL= 1 tab/day
ALECENSA CAP 150MG <i>(alectinib hcl)</i>	F	LMSP-PA-QL QL= 8 caps/day
ALUNBRIG TAB 180MG 180MG <i>(brigatinib)</i>	F	KMSP-PA-QL-SF QL= 1 tab/day
ALUNBRIG TAB 30MG 30MG <i>(brigatinib)</i>	F	KMSP-PA-QL-SF QL= 4 tabs/day
ALUNBRIG TAB 90MG 90MG <i>(brigatinib)</i>	F	KMSP-PA-QL-SF QL= 1 tab/day
BALVERSA TAB 5MG <i>(erdafitinib)</i>	F	LD-PA-QL-SF QL= 1 tab/day; Only available through US Bioservices 888-518-7246
BALVERSA TAB 3MG 3MG <i>(erdafitinib)</i>	F	LD-PA-QL-SF QL= 3 tabs/day; Only available through US Bioservices 888-518-7246
BALVERSA TAB 4MG 4MG <i>(erdafitinib)</i>	F	LD-PA-QL-SF QL= 2 tabs/day; Only available through US Bioservices 888-518-7246
BOSULIF TAB 100MG, 400MG, 500MG <i>(bosutinib)</i>	F	KMSP-PA-SF

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BRAFTOVI CAP 50MG 50MG ( <i>encorafenib</i> )	F	LD-PA-QL QL=4 caps/day; Only available through Diplomat Pharmacy 877-977-9118
BRAFTOVI CAP 75MG 75MG ( <i>encorafenib</i> )	F	LD-PA-QL QL=6 caps/day; Only available through Diplomat Pharmacy 877-977-9118
BRUKINSA CAP 80MG ( <i>zanubrutinib</i> )	F	LD-PA-QL-SF QL=4 caps/day; Only available through Biologics 800-850-4306
CABOMETYX TAB 20MG, 40MG, 60MG ( <i>cabozantinib s-malate</i> )	F	MSP-PA-QL-SF QL= 1 tab/day
CALQUENCE CAP 100MG ( <i>acalabrutinib</i> )	F	LD-PA-QL-SF QL=2 cap/day; Only available through Lumicera Pharmacy 855-847-3553
CAPRELSA TAB 100MG, 300MG ( <i>vandetanib</i> )	F	LD-PA Only available through Biologics 800-850-4306
COMETRIQ KIT 20MG ( <i>cabozantinib s-malate</i> )	F	LD-PA Only available through Diplomat Pharmacy 877-977-9118
COPIKTRA CAP 15MG, 25MG ( <i>duvelisib</i> )	F	LD-PA-QL QL=2 caps/day; Only available through Diplomat Pharmacy 877-977-9118
COTELLIC TAB 20MG ( <i>cobimetinib fumarate</i> )	F	MSP-PA-QL QL= 3 tabs/day

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<i>erlotinib tab 100MG, 150MG, 25MG</i> (TARCEVA Equiv)	F	LMSP-PA-SF
<i>everolimus tab 2.5MG, 5MG, 7.5MG</i> (AFINITOR TAB Equiv)	F	LMSP-PA-QL-SF QL= 1 tab/day
FARYDAK CAP 10MG, 15MG, 20MG ( <i>panobinostat lactate</i> )	F	MSP-PA-QL QL= 6 caps/21 days
GILOTRIF TAB 20MG, 30MG, 40MG ( <i>afatinib dimaleate</i> )	F	LD-PA-QL QL= 1 tab/day; Only available through Accredo 888-773-7376
IBRANCE CAP 100MG, 125MG, 75MG ( <i>palbociclib</i> )	F	KMSP-PA-QL QL= 21 caps/28 days
IBRANCE TAB 100MG, 125MG, 75MG ( <i>palbociclib</i> )	F	KMSP-PA-QL QL=1 tab/day
ICLUSIG TAB 15MG ( <i>ponatinib hcl</i> )	F	LD-PA-QL-SF QL= 3 tabs/day; Available only at AcariaHealth 1-800-511-5144
ICLUSIG TAB 45MG 45MG ( <i>ponatinib hcl</i> )	F	LD-PA-QL-SF QL= 1 tab/day; Available only at AcariaHealth 1-800-511-5144
IDHIFA TAB 100MG, 50MG ( <i>enasidenib mesylate</i> )	F	MSP-PA-QL QL=1 tab/day
<i>imatinib tab 100MG, 400MG</i> (GLEEVEC Equiv)	F	LMSP-PA-QL QL= 3 tabs/day

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IMBRUVICA CAP 140MG 140MG ( <i>ibrutinib</i> )	F	LD-PA-QL QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118
IMBRUVICA CAP 70MG 70MG ( <i>ibrutinib</i> )	F	LD-PA-QL QL= 1 cap/day; Only available through Diplomat Pharmacy 877-977-9118
IMBRUVICA TAB 140MG, 280MG, 420MG, 560MG ( <i>ibrutinib</i> )	F	LD-PA-QL QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118
INLYTA TAB 1MG, 5MG ( <i>axitinib</i> )	F	KMSP-PA-QL-SF QL= 8 tabs/day
IRESSA TAB 250MG ( <i>gefitinib</i> )	F	LD-PA Only available through Lumicera Pharmacy 855-847-3553
JAKAFI TAB 10MG, 15MG, 20MG, 25MG, 5MG ( <i>ruxolitinib phosphate</i> )	F	MSP-PA-QL QL= 2 tabs/day
LENVIMA CAP 10MG, 4MG ( <i>lenvatinib mesylate</i> )	F	LD-PA-QL QL= 3 caps/day; Only available through Accredo 888-773-7376
LORBRENA TAB 100MG 100MG ( <i>lorlatinib</i> )	F	KMSP-PA-QL-SF QL=1 tab/day
LORBRENA TAB 25MG 25MG ( <i>lorlatinib</i> )	F	KMSP-PA-QL-SF QL=3 tabs/day

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LYNPARZA CAP 50MG ( <i>olaparib</i> )	F	LD-PA-QL-SF QL=16 caps/day; Only available through Biologics 800-850-4306
LYNPARZA TAB 100MG, 150MG ( <i>olaparib</i> )	F	LD-PA-QL-SF QL=4 tab/day; Only available through Biologics 800-850-4306
MEKINIST TAB 0.5MG .5MG ( <i>trametinib dimethyl sulfoxide</i> )	F	LMSP-PA-QL QL=3 tabs/day
MEKINIST TAB 2MG 2MG ( <i>trametinib dimethyl sulfoxide</i> )	F	LMSP-PA-QL QL=1 tab/day
MEKTOVI TAB 15MG ( <i>binimetinib</i> )	F	LD-PA-QL QL= 6 tabs/day; Only available through Diplomat Pharmacy 877-977-9118
NERLYNX TAB 40MG ( <i>neratinib maleate</i> )	F	LD-PA-QL-SF QL=6 tab/day
NEXAVAR TAB 200MG ( <i>sorafenib tosylate</i> )	F	MSP-PA-SF
NINLARO CAP 2.3MG, 3MG, 4MG ( <i>ixazomib citrate</i> )	F	KMSP-PA
PIQRAY TAB 150MG, 200MG ( <i>alpelisib</i> )	F	LMSP-PA-SF
ROZLYTREK CAP 100MG, 200MG ( <i>entrectinib</i> )	F	MSP-PA-QL-SF QL=3 caps/day
RUBRACA TAB 200MG, 250MG, 300MG ( <i>rucaparib camsylate</i> )	F	LD-PA-QL-SF QL= 4 tabs/day; Only available through Avella Pharmacy (877) 546-5779.
RYDAPT CAP 25MG ( <i>midostaurin</i> )	F	LMSP-PA

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SPRYCEL TAB 100MG, 140MG, 50MG, 70MG, 80MG <i>(dasatinib)</i>	F	LMSP-PA-QL-SF QL= 1 tab/day
SPRYCEL TAB 20MG 20MG <i>(dasatinib)</i>	F	LMSP-PA-QL-SF QL= 3 tabs/day
STIVARGA TAB 40MG <i>(regorafenib)</i>	F	MSP-PA-QL-SF QL= 4 tabs/day
SUTENT CAP 12.5MG, 25MG, 37.5MG, 50MG <i>(sunitinib malate)</i>	F	KMSP-PA-SF
TAFINLAR CAP 50MG, 75MG <i>(dabrafenib mesylate)</i>	F	LMSP-PA-QL QL= 4 caps/day
TAGRISSE TAB 40MG, 80MG <i>(osimertinib mesylate)</i>	F	LD-PA-QL-SF QL= 1 tab/day; Only available through Lumicera Pharmacy 855-847-3553
TALZENNA CAP 0.25MG .25MG <i>(talazoparib tosylate)</i>	F	KMSP-PA-QL-SF QL=3 caps/day
TALZENNA CAP 1MG 1MG <i>(talazoparib tosylate)</i>	F	KMSP-PA-QL-SF QL= 1 cap/day
TASIGNA CAP 150MG, 200MG, 50MG <i>(nilotinib hcl)</i>	F	LMSP-PA-SF
TIBSOVO TAB 250MG <i>(ivosidenib)</i>	F	LD-PA-QL QL=2 tabs/day; Only available through Diplomat Pharmacy 877-977-9118
TURALIO CAP 200MG <i>(pexidartinib hcl)</i>	F	LD-PA-QL-SF QL=4 caps/day; Only available through Biologics 800-850-4306

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TYKERB TAB 250MG ( <i>lapatinib ditosylate</i> )	F	LMSP-PA
VERZENIO TAB 100MG, 150MG, 200MG, 50MG ( <i>abemaciclib</i> )	F	LMSP-PA-QL-SF QL=2 tab/day
VITRAKVI CAP 100MG 100MG ( <i>larotrectinib sulfate</i> )	F	LD-PA-QL-SF QL= 2 caps/day; Only available through US Bioservices 888-518-7246
VITRAKVI CAP 25MG 25MG ( <i>larotrectinib sulfate</i> )	F	LD-PA-QL-SF QL= 6 caps/day; Only available through US Bioservices 888-518-7246
VITRAKVI SOLN 20MG/ML ( <i>larotrectinib sulfate</i> )	F	LD-PA-QL-SF QL=10ml/day; Only available through US Bioservices 888-518-7246
VIZIMPRO TAB 15MG, 30MG, 45MG ( <i>dacomitinib</i> )	F	KMSP-PA-QL-SF QL=1 tab/day
VOTRIENT TAB 200MG ( <i>pazopanib hcl</i> )	F	LMSP-PA-SF
XALKORI CAP 200MG, 250MG ( <i>crizotinib</i> )	F	KMSP-PA-QL-SF QL=2 cap/day
XOSPATA TAB 40MG ( <i>gilteritinib fumarate</i> )	F	LD-PA-QL-SF QL=3 tabs/day; Only available through Diplomat Pharmacy 877-977-9118
ZEJULA CAP 100MG ( <i>niraparib tosylate</i> )	F	LD-PA-QL-SF QL=3 cap/day; Only available through Diplomat Pharmacy 877-977-9118
ZELBORAF TAB 240MG ( <i>vemurafenib</i> )	F	MSP-PA-QL QL=8 tabs/day

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ZOLINZA CAP 100MG ( <i>vorinostat</i> )	F	LMSP-PA-SF
ZYDELIG TAB 100MG, 150MG ( <i>idelalisib</i> )	F	LD-PA-SF Only available through Diplomat Pharmacy 877-977-9118
ZYKADIA CAP 150MG ( <i>ceritinib</i> )	F	LMSP-PA-QL-SF QL=3 caps/day
ZYKADIA TAB 150MG ( <i>ceritinib</i> )	F	LMSP-PA-QL-SF QL=3 tabs/day
<b>ANTINEOPLASTICS MISC. - Miscellaneous drugs to treat cancer</b>		
ACTIMMUNE INJ 2000000UNIT/0.5ML ( <i>interferon gamma-1b</i> )	F	LD-PA Only available through Walgreens 888-347-3416
ALFERON-N INJ 5MU/ML ( <i>interferon alfa-n3</i> )	F	KMSP
<i>bexarotene cap 75MG</i> (TARGRETIN Equiv)	F	LMSP-PA-SF
<i>hydroxyurea cap 500MG</i> (HYDREA Equiv)	F	-
INTRON-A INJ 10MU, 18MU, 50MU ( <i>interferon alfa-2b</i> )	F	KMSP
MATULANE CAP 50MG ( <i>procarbazine hcl</i> )	F	-
<b>CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS - Drugs to protect against chemotherapy drugs</b>		
<i>leucovorin tab 25MG, 5MG</i>	F	-
MESNEX TAB 400MG ( <i>mesna</i> )	F	LMSP
<b>MITOTIC INHIBITORS - Drugs to treat cancer</b>		
ETOPOSIDE CAP 50MG ( <i>etoposide</i> )	F	LMSP
<b>ANTIPARKINSON AGENTS - Drugs to treat Parkinson's disease</b>		

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<b>ANTIPARKINSON ADJUVANTS - Drugs to treat parkinson's disease</b>		
<i>carbidopa tab 25MG</i> (LODOSYN Equiv)	F	-
<b>ANTIPARKINSON ANTICHOLINERGICS - Drugs to treat parkinson's disease</b>		
<i>benztropine tab .5MG, 1MG, 2MG</i>	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
<i>trihexyphenidyl tab 2MG, 5MG</i> (ARTANE Equiv)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
<b>ANTIPARKINSON COMT INHIBITORS - Drugs to treat parkinson's disease</b>		
<i>entacapone tab 200MG</i> (COMTAN Equiv)	F	-
<b>ANTIPARKINSON DOPAMINERGICS - Drugs to treat parkinson's disease</b>		
<i>amantadine cap 100MG</i> (SYMMETREL Equiv)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
<i>amantadine syrup 50MG/5ML</i> (SYMMETREL Equiv)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
<i>amantadine tab 100MG</i> (SYMMETREL Equiv)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
<i>APOKYN INJ 30MG/3ML (apomorphine hydrochloride)</i>	F	LD Only available through CVS Specialty 800-237-2767
<i>bromocriptine cap 5MG</i> (PARLODEL Equiv)	F	-
<i>bromocriptine tab 2.5MG</i> (PARLODEL Equiv)	F	-
<i>carbidopa/levodopa ER tab 25MG-100MG, 50MG-200MG</i> (SINEMET CR Equiv)	F	-

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<i>carbidopa/levodopa ODT 10MG-100MG, 25MG-100MG, 25MG-250MG</i> (PARCOPA Equiv)	F	-
<i>carbidopa/levodopa tab</i> (SINEMET Equiv)	F	-
CARBIDOPA/LEVODOPA/ENTACAPONE TAB 12.5MG-50MG-200MG, 18.75MG-75MG-200MG, 25MG-100MG-200MG, 31.25MG-125MG-200MG, 37.5MG-150MG-200MG, 50MG-200MG (STALEVO Equiv) ( <i>carbidopa-levodopa-entacapone</i> )	F	-
GOCOVRI CAP 137MG, 68.5MG ( <i>amantadine hcl</i> )	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
NEUPRO PATCH 1MG/24HR, 2MG/24HR, 3MG/24HR, 4MG/24HR, 6MG/24HR, 8MG/24HR ( <i>rotigotine</i> )	F	-
<i>pramipexole tab .125MG, .25MG, .5MG, .75MG, 1.5MG, 1MG</i> (MIRAPEX Equiv)	F	-
<i>ropinirole tab .25MG, .5MG, 1MG, 2MG, 3MG, 4MG, 5MG</i> (REQUIP Equiv)	F	-
<b>ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS - Drugs to treat parkinson's disease</b>		
<i>rasagiline tab .5MG, 1MG</i> (AZILECT Equiv)	F	-
<i>selegiline cap 5MG</i> (ELDEPRYL Equiv)	F	-
<i>selegiline tab 5MG</i> (ELDEPRYL Equiv)	F	-
XADAGO TAB 100MG, 50MG ( <i>safinamide mesylate</i> )	F	PA-QL QL=1 tab/day
<b>ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to treat Parkinson's disease</b>		

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<b>ANTIPARKINSON ANTICHOLINERGICS - Drugs to treat parkinson's disease</b>		
<i>trihexyphenidyl elixir .4MG/ML</i>	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
<b>ANTIPARKINSON DOPAMINERGICS - Drugs to treat parkinson's disease</b>		
OSMOLEX ER TAB 129MG, 193MG, 258MG <i>(amantadine hcl)</i>	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
<b>ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to treat mood disorders</b>		
<b>ANTIMANIC AGENTS - Drugs to treat mental and emotional conditions</b>		
LITHIUM CARBONATE CAP 150MG, 600MG <i>(lithium carbonate)</i>	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
<i>lithium carbonate ER tab 300MG, 450MG</i> (LITHOBID Equiv)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
<i>lithium carbonate tab 300MG</i>	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
LITHIUM CITRATE SOLN 8MEQ/5ML <i>(lithium)</i>	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
LITHIUM POWDER <i>(lithium carbonate)</i>	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
LITHOBID TAB 300MG <i>(lithium carbonate)</i>	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
<b>ANTIPSYCHOTICS - MISC. - Miscellaneous anti-psychotic drugs</b>		
CAPLYTA CAP 42MG <i>(lumateperone tosylate)</i>	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program

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EQUETRO CAP 100MG, 200MG, 300MG <i>(carbamazepine (antipsychotic))</i>	F	-
GEODON CAP 20MG, 40MG, 60MG, 80MG <i>(ziprasidone hcl)</i>	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
GEODON INJ 20MG <i>(ziprasidone mesylate)</i>	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
LATUDA TAB 120MG, 20MG, 40MG, 60MG, 80MG <i>(lurasidone hcl)</i>	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
NUPLAZID CAP 34MG <i>(pimavanserin tartrate)</i>	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
NUPLAZID TAB 10MG, 17MG <i>(pimavanserin tartrate)</i>	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
VRAYLAR PACK <i>(cariprazine hcl)</i>	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
<i>ziprasidone cap 20MG, 40MG, 60MG, 80MG</i> (GEODON Equiv)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
<i>ziprasidone mesylate inj 20MG</i>	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
<b>BENZISOXAZOLES - Drugs to treat mood disorders</b>		
FANAPT TAB 10MG, 12MG, 1MG, 2MG, 4MG, 6MG, 8MG <i>(iloperidone)</i>	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
FANAPT TITRATION PACK <i>(iloperidone)</i>	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program

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INVEGA INJ 117MG/0.75ML, 156MG/ML, 234MG/1.5ML, 273MG/0.875ML, 39MG/0.25ML, 410MG/1.315ML, 546MG/1.75ML, 78MG/0.5ML, 819MG/2.625ML ( <i>paliperidone palmitate</i> )	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
INVEGA TAB 1.5MG, 3MG, 6MG, 9MG ( <i>paliperidone</i> )	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
<i>paliperidone SR tab 1.5MG, 3MG, 6MG, 9MG</i> (INVEGA Equiv)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
PERSERIS INJ 120MG, 90MG ( <i>risperidone</i> )	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
RISPERDAL INJ 12.5MG, 25MG, 37.5MG, 50MG ( <i>risperidone microspheres</i> )	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
RISPERDAL M ODT .5MG, 1MG, 2MG, 3MG, 4MG ( <i>risperidone</i> )	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
RISPERDAL SOLN 1MG/ML ( <i>risperidone</i> )	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
RISPERDAL TAB .25MG, .5MG, 1MG, 2MG, 3MG, 4MG ( <i>risperidone</i> )	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
RISPERIDONE ODT .25MG ( <i>risperidone</i> )	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
<i>risperidone soln 1MG/ML</i> (RISPERDAL Equiv)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
<i>risperidone tab .25MG, .5MG, 1MG, 2MG, 3MG, 4MG</i> (RISPERDAL Equiv)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program

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<b>BUTYROPHENONES - Drugs to treat mood disorders</b>		
HALDOL INJ 5MG/ML ( <i>haloperidol lactate</i> )	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
<i>haloperidol inj 5MG/ML</i> (HALDOL Equiv)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
<i>haloperidol lactate conc 2MG/ML</i> (HALDOL Equiv)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
<i>haloperidol tab .5MG, 10MG, 1MG, 20MG, 2MG, 5MG</i> (HALDOL Equiv)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
<b>DIBENZAPINES - Drugs to treat mood disorders</b>		
ADASUVE INHALER 10MG ( <i>loxapine</i> )	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
CLOZAPINE ODT 12.5MG, 150MG, 200MG ( <i>clozapine</i> )	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
<i>clozapine ODT 25mg, 100mg 100MG, 25MG</i> (CLOZAPINE/FAZACLO Equiv)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
CLOZAPINE ODT/FAZACLO ODT 100MG, 12.5MG, 25MG ( <i>clozapine</i> )	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
<i>clozapine tab 100MG, 200MG, 25MG, 50MG</i> (CLOZARIL Equiv)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
CLOZARIL TAB 100MG, 200MG, 25MG, 50MG ( <i>clozapine</i> )	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
FAZACLO ODT 12.5MG, 150MG, 200MG ( <i>clozapine</i> )	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program

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<i>loxapine cap 10MG, 25MG, 50MG, 5MG</i> (LOXITANE Equiv)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
LOXITANE CAP ( <i>loxapine succinate</i> )	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
<i>olanzapine inj 10MG</i> (ZYPREXA Equiv)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
<i>olanzapine ODT 10MG, 15MG, 20MG, 5MG</i> (ZYPREXA Equiv)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
<i>olanzapine tab 10MG, 15MG, 2.5MG, 20MG, 5MG, 7.5MG</i> (ZYPREXA Equiv)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
<i>quetiapine tab 100MG, 200MG, 25MG, 300MG, 400MG, 50MG</i> (SEROQUEL Equiv)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
<i>quetiapine XR tab 150MG, 200MG, 300MG, 400MG, 50MG</i> (SEROQUEL XR Equiv)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
SAPHRIS SL TAB 10MG, 2.5MG, 5MG ( <i>asenapine maleate</i> )	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
SEROQUEL TAB 100MG, 200MG, 25MG, 300MG, 400MG, 50MG ( <i>quetiapine fumarate</i> )	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
SEROQUEL XR TAB 150MG, 200MG, 300MG, 400MG, 50MG ( <i>quetiapine fumarate</i> )	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
VERSACLOZ SUSP 50MG/ML ( <i>clozapine</i> )	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
ZYPREXA INJ 10MG ( <i>olanzapine</i> )	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ZYPREXA RELPREVV INJ 210MG, 300MG, 405MG <i>(olanzapine pamoate)</i>	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
ZYPREXA TAB 10MG, 15MG, 2.5MG, 20MG, 5MG, 7.5MG <i>(olanzapine)</i>	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
ZYPREXA ZYDIS TAB 10MG, 15MG, 20MG, 5MG <i>(olanzapine)</i>	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
<b>DIHYDROINDOLONES - Drugs to treat mood disorders</b>		
MOLINDONE TAB 10MG, 25MG, 5MG <i>(molindone hcl)</i>	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
<b>PHENOTHIAZINES - Drugs to treat mood disorders</b>		
CHLORPROMAZINE INJ 25MG/ML, 50MG/2ML <i>(chlorpromazine hcl)</i>	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
<i>chlorpromazine tab 100MG, 10MG, 200MG, 25MG, 50MG</i> (THORAZINE Equiv)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
FLUPHENAZINE CONC 5MG/ML <i>(fluphenazine hcl)</i>	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
<i>FLUPHENAZINE DECONATE INJ 25MG/ML</i> (PROLIXIN Equiv)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
FLUPHENAZINE ELIXIR 2.5MG/5ML <i>(fluphenazine hcl)</i>	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
FLUPHENAZINE INJ 2.5MG/ML <i>(fluphenazine hcl)</i>	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
<i>fluphenazine tab 10MG, 1MG, 2.5MG, 5MG</i> (PROLIXIN Equiv)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program

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NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
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RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
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<i>perphenazine tab 16MG, 2MG, 4MG, 8MG</i> (TRILAFON Equiv)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
<i>prochlorperazine supp 25MG</i> (COMPAZINE Equiv)	F	-
<i>prochlorperazine tab 10MG, 5MG</i> (COMPAZINE Equiv)	F	-
<i>thioridazine tab 100MG, 10MG, 25MG, 50MG</i> (MELLARIL Equiv)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
<i>trifluoperazine tab 10MG, 1MG, 2MG, 5MG</i> (STELAZINE Equiv)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
<b>QUINOLINONE DERIVATIVES - Drugs to treat mood disorders</b>		
ABILIFY DISCMELT ( <i>aripiprazole</i> )	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
ABILIFY MAINTENA INJ 300MG, 400MG ( <i>aripiprazole</i> )	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
ABILIFY MYCITE TAB 10MG, 15MG, 20MG, 2MG, 30MG, 5MG ( <i>aripiprazole</i> )	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
ABILIFY SOLN ( <i>aripiprazole</i> )	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
ABILIFY TAB 10MG, 15MG, 20MG, 2MG, 30MG, 5MG ( <i>aripiprazole</i> )	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
<i>aripiprazole ODT 10MG, 15MG</i> (ABILIFY Equiv)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
<i>aripiprazole soln 1MG/ML</i> (ABILIFY Equiv)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program

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<i>aripiprazole tab 10MG, 15MG, 20MG, 2MG, 30MG, 5MG</i> (ABILIFY Equiv)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
ARISTADA SYRINGE 1064MG/3.9ML, 441MG/1.6ML, 662MG/2.4ML, 675MG/2.4ML, 882MG/3.2ML ( <i>aripiprazole lauroxil</i> )	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
REXULTI TAB .25MG, .5MG, 1MG, 2MG, 3MG, 4MG ( <i>brexpiprazole</i> )	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
<b>THIOXANTHENES - Drugs to treat mood disorders</b>		
<i>thiothixene cap 10MG, 1MG, 2MG, 5MG</i> (NAVANE Equiv)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
<b>ANTISEPTICS &amp; DISINFECTANTS - Drugs to treat bacterial infections</b>		
<b>ANTISEPTICS &amp; DISINFECTANTS - Drugs to treat bacterial infections</b>		
<i>hydrogen peroxide soln 3%</i>	F	OTC
<b>CHLORINE ANTISEPTICS - Drugs to treat bacterial infections</b>		
<i>chlorhexidine gluconate liquid 4%</i> (HIBICLENS Equiv)	F	OTC
<b>IODINE ANTISEPTICS - Drugs to treat bacterial infections</b>		
<i>povidone-iodine soln 10%, 7.5%</i> (BETADINE Equiv)	F	OTC
<b>ANTIVIRALS - Drugs to treat viral infection</b>		
<b>ANTIRETROVIRALS - Drugs to treat viral infections</b>		
<i>abacavir soln 20MG/ML</i> (ZIAGEN Equiv)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
<i>abacavir tab 300MG</i> (ZIAGEN Equiv)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program

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<i>abacavir/lamivudine tab 300MG-600MG</i> (EPZICOM Equiv)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
<i>abacavir/lamivudine/zidovudine tab 150MG-300MG</i> (TRIZIVIR Equiv)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
APTIVUS CAP 250MG ( <i>tipranavir</i> )	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
APTIVUS SOLN 100MG/ML ( <i>tipranavir</i> )	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
<i>atazanavir cap 150MG, 200MG, 300MG</i> (REYATAZ Equiv)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
ATRIPLA TAB 200MG-300MG-600MG ( <i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i> )	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
BIKTARVY TAB 25MG-50MG-200MG ( <i>bictegravir-emtricitabine-tenofovir alafenamide fumarate</i> )	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
CIMDUO TAB 300MG ( <i>lamivudine-tenofovir disoproxil fumarate</i> )	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
COMBIVIR TAB 150MG-300MG ( <i>lamivudine-zidovudine</i> )	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
COMPLERA TAB 25MG-200MG-300MG ( <i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate</i> )	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program

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CRIXIVAN CAP 200MG, 400MG ( <i>indinavir sulfate</i> )	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
DELSTRIGO TAB 100MG-300MG ( <i>doravirine-lamivudine-tenofovir disoproxil fumarate</i> )	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
DESCOVY TAB 25MG-200MG ( <i>emtricitabine-tenofovir alafenamide fumarate</i> )	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
<i>didanosine DR cap 200MG, 250MG, 400MG</i> (VIDEX EC Equiv)	F	-
DOVATO TAB 50MG-300MG ( <i>dolutegravir sodium-lamivudine</i> )	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
EDURANT TAB 25MG ( <i>rilpivirine hcl</i> )	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
<i>efavirenz cap 200MG, 50MG</i> (SUSTIVA Equiv)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
<i>efavirenz tab 600MG</i> (SUSTIVA Equiv)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
EMTRIVA CAP 200MG ( <i>emtricitabine</i> )	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
EMTRIVA SOLN 10MG/ML ( <i>emtricitabine</i> )	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
EPIVIR SOLN 10MG/ML ( <i>lamivudine</i> )	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
EPIVIR TAB 150MG, 300MG ( <i>lamivudine</i> )	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program

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EPZICOM TAB 300MG-600MG ( <i>abacavir sulfate-lamivudine</i> )	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
ETOVAZ TAB 150MG-300MG ( <i>atazanavir sulfate-cobicistat</i> )	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
<i>fosamprenavir tab 700MG</i> (LEXIVA TAB Equiv)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
FUZEON INJ 90MG ( <i>enfuvirtide</i> )	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
GENVOYA TAB 10MG-150MG-200MG ( <i>elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide</i> )	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
INTELENCE TAB 100MG, 200MG, 25MG ( <i>etravirine</i> )	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
INVIRASE CAP 200MG ( <i>saquinavir mesylate</i> )	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
INVIRASE TAB 500MG ( <i>saquinavir mesylate</i> )	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
ISENTRESS CHEW TAB 100MG, 25MG ( <i>raltegravir potassium</i> )	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
ISENTRESS POWDER PACK 100MG ( <i>raltegravir potassium</i> )	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
ISENTRESS TAB 400MG, 600MG ( <i>raltegravir potassium</i> )	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program

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JULUCA TAB 25MG-50MG ( <i>dolutegravir sodium-rilpivirine hcl</i> )	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
KALETRA SOLN 100MG/5ML-400MG/5ML ( <i>lopinavir-ritonavir</i> )	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
KALETRA TAB 25MG-100MG, 50MG-200MG ( <i>lopinavir-ritonavir</i> )	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
<i>lamivudine soln 10MG/ML</i> (EPIVIR Equiv)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
<i>lamivudine tab 150MG, 300MG</i> (EPIVIR Equiv)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
<i>lamivudine/zidovudine tab 150MG-300MG</i> (COMBIVIR Equiv)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
LEXIVA SUSP 50MG/ML ( <i>fosamprenavir calcium</i> )	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
<i>lopinavir/ritonavir soln 100MG/5ML-400MG/5ML</i> (KALETRA Equiv)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
<i>nevirapine ER tab 100MG, 400MG</i> (VIRAMUNE XR Equiv)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
<i>nevirapine susp 50MG/5ML</i> (VIRAMUNE Equiv)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
<i>nevirapine tab 200MG</i> (VIRAMUNE Equiv)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
NORVIR CAP 100MG ( <i>ritonavir</i> )	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program

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NORVIR POWDER PACKET 100MG ( <i>ritonavir</i> )	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
NORVIR SOLN 80MG/ML ( <i>ritonavir</i> )	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
NORVIR TAB 100MG ( <i>ritonavir</i> )	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
ODEFSEY TAB 25MG-200MG ( <i>emtricitabine-rilpivirine-tenofovir alafenamide fumarate</i> )	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
PIFELTRO TAB 100MG ( <i>doravirine</i> )	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
PREZCOBIX TAB 150MG-800MG ( <i>darunavir-cobicistat</i> )	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
PREZISTA SUSP 100MG/ML ( <i>darunavir ethanolate</i> )	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
PREZISTA TAB 150MG, 600MG, 75MG, 800MG ( <i>darunavir ethanolate</i> )	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
RESCRIPTOR TAB 100MG, 200MG ( <i>delavirdine mesylate</i> )	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
REYATAZ CAP 150MG, 200MG, 300MG ( <i>atazanavir sulfate</i> )	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
REYATAZ POWDER PACK 50MG ( <i>atazanavir sulfate</i> )	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program

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<i>ritonavir tab 100MG</i> (NORVIR TAB Equiv)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
SELZENTRY ORAL SOLN 20MG/ML ( <i>maraviroc</i> )	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
SELZENTRY TAB 150MG, 25MG, 300MG, 75MG ( <i>maraviroc</i> )	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
<i>stavudine cap 15MG, 20MG, 30MG, 40MG</i> (ZERIT Equiv)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
<i>stavudine soln</i> (ZERIT Equiv)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
STRIBILD TAB 150MG-200MG-300MG ( <i>elvitegravir-cobicistat-emtricitabine-tenofovir df</i> )	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
SUSTIVA CAP 200MG, 50MG ( <i>efavirenz</i> )	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
SUSTIVA TAB 600MG ( <i>efavirenz</i> )	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
SYMFI (LO) TAB 300MG-400MG, 300MG-600MG ( <i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i> )	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
SYMTUZA TAB 10MG-150MG-200MG-800MG ( <i>darunavir-cobicistat-emtricitabine-tenofovir alafenamide</i> )	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
<i>tenofovir disoproxil fumarate tab 300MG</i> (VIREAD Equiv)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program

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TIVICAY TAB 10MG, 25MG, 50MG ( <i>dolutegravir sodium</i> )	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
TRIUMEQ TAB 50MG-300MG-600MG ( <i>abacavir-dolutegravir-lamivudine</i> )	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
TRIZIVIR TAB 150MG-300MG ( <i>abacavir sulfate-lamivudine-zidovudine</i> )	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
TROGARZO INJ 200MG/1.33ML ( <i>ibalizumab-uiyk</i> )	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
TRUVADA TAB 100MG-150MG, 133MG-200MG, 167MG-250MG, 200MG-300MG ( <i>emtricitabine-tenofovir disoproxil fumarate</i> )	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
TYBOST TAB 150MG ( <i>cobicistat</i> )	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
VIRACEPT POWDER ( <i>nelfinavir mesylate</i> )	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
VIRACEPT TAB 250MG, 625MG ( <i>nelfinavir mesylate</i> )	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
VIRAMUNE SUSP 50MG/5ML ( <i>nevirapine</i> )	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
VIRAMUNE TAB 200MG ( <i>nevirapine</i> )	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
VIRAMUNE XR TAB 100MG, 400MG ( <i>nevirapine</i> )	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program

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VIREAD POW 40MG/GM ( <i>tenofovir disoproxil fumarate</i> )	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
VIREAD TAB 150MG, 200MG, 250MG ( <i>tenofovir disoproxil fumarate</i> )	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
VIREAD TAB 300MG 300MG ( <i>tenofovir disoproxil fumarate</i> )	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
VITEKTA TAB 150MG, 85MG ( <i>elvitegravir</i> )	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
ZERIT CAP 15MG, 20MG, 30MG, 40MG ( <i>stavudine</i> )	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
ZERIT SOLN 1MG/ML ( <i>stavudine</i> )	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
ZIAGEN SOLN 20MG/ML ( <i>abacavir sulfate</i> )	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
ZIAGEN TAB 300MG ( <i>abacavir sulfate</i> )	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
<i>zidovudine cap 100MG</i> (RETROVIR Equiv)	F	-
<i>zidovudine syrup 50MG/5ML</i> (RETROVIR Equiv)	F	-
<i>zidovudine tab 300MG</i> (RETROVIR Equiv)	F	-
<b>CMV AGENTS - Drugs to treat viral infections</b>		
<i>valganciclovir soln 50MG/ML</i> (VALCYTE Equiv)	F	-
<i>valganciclovir tab 450MG</i> (VALCYTE Equiv)	F	-
<b>HEPATITIS AGENTS - Drugs to treat viral infections</b>		
<i>adefovir dipivoxil tab 10MG</i> (HEPSERA Equiv)	F	LMSP

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<i>entecavir tab .5MG, 1MG</i> (BARACLUDGE Equiv)	F	LMSP-QL QL= 1 tab/day
EPIVIR HBV SOLN 5MG/ML ( <i>lamivudine (hbv)</i> )	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
EPIVIR HBV TAB 100MG ( <i>lamivudine (hbv)</i> )	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
<i>lamivudine tab 100mg 100MG</i> (EPIVIR HBV Equiv)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
MAVYRET TAB 40MG-100MG ( <i>glecaprevir-pibrentasvir</i> )	F	LMSP-PA-QL QL=3 tabs/day
PEGASYS INJ 135MCG/0.5ML, 180MCG/0.5ML, 180MCG/ML ( <i>peginterferon alfa-2a</i> )	F	LMSP
REBETOL SOLN 40MG/ML ( <i>ribavirin (hepatitis c)</i> )	F	LMSP
<i>ribavirin cap 200MG</i> (REBETOL Equiv)	F	LMSP
<i>ribavirin tab 200MG</i> (COPEGUS Equiv)	F	LMSP
SOFOSBUVIR/VELPATASVIR TAB 100MG-400MG ( <i>sofosbuvir-velpatasvir</i> )	F	LMSP-PA-QL QL=1 tab/day
VEMLIDY TAB 25MG ( <i>tenofovir alafenamide fumarate</i> )	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
VOSEVI TAB 100MG-400MG ( <i>sofosbuvir-velpatasvir-voxilaprevir</i> )	F	LMSP-PA-QL
<b>HERPES AGENTS - Drugs to treat viral infections</b>		
<i>acyclovir cap 200MG</i> (ZOVIRAX Equiv)	F	-
<i>acyclovir susp 200MG/5ML</i> (ZOVIRAX Equiv)	F	-

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<i>acyclovir tab 400MG, 800MG</i> (ZOVIRAX Equiv)	F	-
<i>valacyclovir tab 1000MG, 1GM, 500MG</i> (VALTREX Equiv)	F	-
<b>INFLUENZA AGENTS - Drugs to treat viral infections</b>		
<i>oseltamivir cap 45MG, 75MG</i> (TAMIFLU Equiv)	F	QL QL= 10 caps/fill
<i>oseltamivir cap 30mg 30MG</i> (TAMIFLU Equiv)	F	QL QL= 20 caps/fill
<i>oseltamivir susp 6MG/ML</i> (TAMIFLU Equiv)	F	QL QL= 250ml/fill
RELENZA DISKHALER 5MG/BLISTER ( <i>zanamivir</i> )	F	QL QL= 20 units/fill
RIMANTADINE TAB 100MG ( <i>rimantadine hydrochloride</i> )	F	-
<b>ASSORTED CLASSES - Drugs to treat assorted conditions</b>		
<b>CHELATING AGENTS - Drugs to treat overdose or toxicity</b>		
D-PENAMINE TAB 125MG ( <i>penicillamine</i> )	F	-
<b>ENZYMES ***</b>		
AMPHADASE INJ 150UNIT/ML ( <i>hyaluronidase bovine</i> )	F	PA
HYLENEX INJ 150UNIT/ML ( <i>hyaluronidase human</i> )	F	PA
<b>IMMUNOMODULATORS - Drugs to treat rheumatoid arthritis, multiple sclerosis, etc.</b>		
REVLIMID CAP 10MG, 15MG, 2.5MG, 20MG, 25MG, 5MG ( <i>lenalidomide</i> )	F	KMSP-PA-QL QL= 1 cap/day

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THALOMID CAP 100MG, 150MG, 200MG, 50MG (thalidomide)	F	KMSP-PA
<b>IMMUNOSUPPRESSIVE AGENTS - Drugs to treat disorders of the immune system</b>		
azathioprine tab 50MG (IMURAN Equiv)	F	-
cyclosporine cap 100MG, 25MG (SANDIMMUNE Equiv)	F	-
cyclosporine modified cap, gengraf cap 100MG, 25MG, 50MG (NEORAL Equiv)	F	-
cyclosporine modified soln 100MG/ML (NEORAL Equiv)	F	-
mycophenolate DR tab 180MG, 360MG (MYFORTIC Equiv)	F	-
mycophenolate mofetil cap 250MG (CELLCEPT Equiv)	F	-
mycophenolate mofetil susp 200MG/ML (CELLCEPT Equiv)	F	-
mycophenolate mofetil tab 500MG (CELLCEPT Equiv)	F	-
SANDIMMUNE SOLN 100MG/ML 100MG/ML (cyclosporine)	F	-
sirolimus tab .5MG, 1MG, 2MG (RAPAMUNE Equiv)	F	-
tacrolimus cap .5MG, 1MG, 5MG (PROGRAF Equiv)	F	-
ZORTRESS TAB 1MG 1MG (everolimus (immunosuppressant))	F	LMSP-PA
<b>POTASSIUM REMOVING RESINS - Drugs to manage potassium levels</b>		

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<i>sodium polystyrene powder</i> (KAYEXALATE Equiv)	F	
<i>sodium polystyrene susp 15GM/60ML, 30GM/120ML, 50GM/200ML</i> (SPS Equiv)	F	-
<b>BETA BLOCKERS - Drugs to treat high blood pressure</b>		
<b>ALPHA-BETA BLOCKERS - Drugs to treat high blood pressure</b>		
<i>carvedilol tab 12.5MG, 25MG, 3.125MG, 6.25MG</i> (COREG Equiv)	F	-
<i>labetalol tab 100MG, 200MG, 300MG</i> (NORMODYNE Equiv)	F	-
<b>BETA BLOCKERS CARDIO-SELECTIVE - Drugs to treat high blood pressure</b>		
<i>acebutolol cap 200MG, 400MG</i> (SECTRAL Equiv)	F	-
<i>atenolol tab 100MG, 25MG, 50MG</i> (TENORMIN Equiv)	F	-
<i>bisoprolol tab 10MG, 5MG</i> (ZEBETA Equiv)	F	-
<i>metoprolol ER tab 100MG, 200MG, 25MG, 50MG</i> (TOPROL XL Equiv)	F	-
<i>metoprolol tab 100MG, 25MG, 50MG</i> (LOPRESSOR Equiv)	F	-
<b>BETA BLOCKERS NON-SELECTIVE - Drugs to treat high blood pressure</b>		
<i>nadolol tab 20MG, 40MG, 80MG</i> (CORGARD Equiv)	F	-
<i>pindolol tab 10MG, 5MG</i> (VISKEN Equiv)	F	-
<i>propranolol ER cap 120MG, 160MG, 60MG, 80MG</i> (INDERAL LA Equiv)	F	-

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PROPRANOLOL SOLN 20MG/5ML, 40MG/5ML ( <i>propranolol hcl</i> )	F	-
<i>propranolol tab 10MG, 20MG, 40MG, 60MG, 80MG</i> (INDERAL Equiv)	F	-
<i>sotalol AF tab 120MG, 160MG, 80MG</i> (BETAPACE AF Equiv)	F	-
<i>sotalol tab 120MG, 160MG, 240MG, 80MG</i> (BETAPACE Equiv)	F	-
<i>timolol maleate tab 10MG, 20MG, 5MG</i> (BLOCADREN Equiv)	F	-
<b>CALCIUM CHANNEL BLOCKERS - Drugs to treat high blood pressure</b>		
<b>CALCIUM CHANNEL BLOCKERS - Drugs to treat heart disease</b>		
<i>amlodipine tab 10MG, 2.5MG, 5MG</i> (NORVASC Equiv)	F	-
<i>diltiazem ER cap 120MG, 180MG, 240MG, 300MG, 360MG</i>	F	-
<i>diltiazem tab 120MG, 30MG, 60MG, 90MG</i> (CARDIZEM Equiv)	F	-
<i>felodipine ER tab 10MG, 2.5MG, 5MG</i> (PLENDIL Equiv)	F	-
<i>nifedipine cap 10MG, 20MG</i> (PROCARDIA Equiv)	F	-
<i>nifedipine ER tab 30MG, 60MG, 90MG</i> (ADALAT CC Equiv)	F	-
VERAPAMIL CAP 300MG ( <i>verapamil hcl</i> )	F	-

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<i>verapamil SR cap 120MG, 180MG, 240MG</i> (VERELAN PM Equiv)	F	-
VERAPAMIL SR CAP 360MG 360MG ( <i>verapamil hcl</i> )	F	-
<i>verapamil SR tab 120MG, 180MG, 240MG</i> (CALAN SR, ISOPTIN SR Equiv)	F	-
<i>verapamil tab 120MG, 40MG, 80MG</i> (CALAN Equiv)	F	-
<b>CARDIOTONICS - Drugs to treat heart failure and abnormal heart rhythm</b>		
<b>CARDIAC GLYCOSIDES - Drugs to treat heart failure and abnormal heart rhythm</b>		
DIGOXIN SOLN .05MG/ML ( <i>digoxin</i> )	F	-
<i>digoxin tab</i> (LANOXIN Equiv)	F	-
<b>CARDIOVASCULAR AGENTS - MISC. - Drugs to treat heart and circulation conditions</b>		
<b>IMPOTENCE AGENTS - drugs to treat erectile dysfunction</b>		
CIALIS TAB 10MG, 2.5MG, 20MG, 5MG ( <i>tadalafil</i> )	EXC	-
LEVITRA TAB 10MG, 2.5MG, 20MG, 5MG ( <i>ardenafil hcl</i> )	EXC	-
<i>tadalafil tab 10MG, 2.5MG, 20MG, 5MG</i> (CIALIS Equiv)	EXC	-
<i>ardenafil tab 10MG, 2.5MG, 20MG, 5MG</i> (LEVITRA Equiv)	EXC	-
<b>PROSTAGLANDIN VASODILATORS - Drugs to treat pulmonary hypertension</b>		
TYVASO INH SOLN .6MG/ML ( <i>treprostinil</i> )	F	LD-PA Only available through Accredo 888-773-7376

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VENTAVIS INH SOLN 10MCG/ML, 20MCG/ML ( <i>iloprost</i> )	F	LD-PA Only available through Accredo 888-773-7376
<b>PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS - Drugs to treat pulmonary hypertension</b>		
<i>ambrisentan tab 10MG, 5MG</i> (LETAIRIS Equiv)	F	LMSP-PA-QL QL= 1 tab/day
<i>bosentan tab 125MG, 62.5MG</i> (TRACLEER Equiv)	F	LD-PA-QL QL= 2 tabs/day; Only available through Walgreens 888-347-3416
OPSUMIT TAB 10MG ( <i>macitentan</i> )	F	LD-PA Only available through CVS Specialty 800-237-2767
TRACLEER TAB 32MG 32MG ( <i>bosentan</i> )	F	LD-PA-QL QL= 4 tabs/day; Only available through Walgreens 888-347-3416
<b>PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS - Drugs to treat pulmonary hypertension</b>		
<i>sildenafil tab 20mg 20MG</i> (REVATIO Equiv)	F	PA
<i>tadalafil tab (PAH) 20MG</i> (ADCIRCA Equiv)	F	LMSP-PA
<b>PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST - Drugs to treat pulmonary hypertension</b>		

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UPTRAVI TAB 1000MCG, 1200MCG, 1400MCG, 1600MCG, 200MCG, 400MCG, 600MCG, 800MCG ( <i>selexipag</i> )	F	LD-PA-QL Only available through Accredo 888-773-7376; QL=2 tab/day
<b>TRANSTHYRETIN STABILIZERS - drugs to treat heart problems due to transthyretin amyloidosis</b>		
VYNDAMAX CAP 61MG ( <i>tafamidis</i> )	F	MSP-PA-QL QL=1 cap/day
VYNDAQEL CAP 20MG ( <i>tafamidis meglumine</i> ( <i>cardiac</i> ))	F	MSP-PA-QL QL=4 caps/day
<b>CEPHALOSPORINS - Drugs to treat bacterial infections</b>		
<b>CEPHALOSPORINS - 1ST GENERATION - Drugs to treat bacterial infections</b>		
<i>cephalexin cap 250MG, 500MG</i> (KEFLEX Equiv)	F	-
<i>cephalexin susp 125MG/5ML, 250MG/5ML</i> (KEFLEX Equiv)	F	-
<b>CEPHALOSPORINS - 2ND GENERATION - Drugs to treat bacterial infections</b>		
<i>cefuroxime susp</i> (CEFTIN Equiv)	F	-
<i>cefuroxime tab 250MG, 500MG</i> (CEFTIN Equiv)	F	-
<b>CEPHALOSPORINS - 3RD GENERATION - Drugs to treat bacterial infections</b>		
<i>cefdinir cap 300MG</i> (OMNICEF Equiv)	F	-
<i>cefdinir susp 125MG/5ML, 250MG/5ML</i> (OMNICEF Equiv)	F	-
<b>CHEMICALS - Miscellaneous chemicals</b>		
<b>BULK CHEMICALS - P'S - Miscellaneous compounding ingredients</b>		
PROMAZINE POWDER ( <i>promazine hcl (bulk)</i> )	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program

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<b>CONTRACEPTIVES - Drugs to prevent pregnancy</b>		
<b>COMBINATION CONTRACEPTIVES - ORAL - Drugs to prevent pregnancy</b>		
<i>amethyst tab 20MCG-90MCG</i> (LYBREL Equiv)	F	-
<i>ashlyna tab, daysee tab .03MG-.15MG</i> (SEASONALE, SEASONIQUE Equiv)	F	-
<i>cryselle tab .3MG-30MCG</i> (LO/OVRAL Equiv)	F	-
<i>enpresse tab</i> (TRI-LEVELLEN Equiv)	F	-
<i>gianvi tab, ocella tab .02MG-3MG, .03MG-3MG</i> (YASMIN, YAZ Equiv)	F	-
<i>isibloom tab, enskyce tab, apri tab .03MG-.15MG, .15MG-30MCG</i> (DESOGEN Equiv)	F	-
<i>junel FE tab 1.5MG-30MCG-75MG, 1MG-20MCG-75MG</i> (LOESTRIN FE Equiv)	F	-
<i>junel tab 1.5MG-30MCG, 1MG-20MCG</i> (LOESTRIN Equiv)	F	-
<i>kelnor tab 1MG-35MCG, 1MG-50MCG</i> (DEMULEN Equiv)	F	-
<i>layolis FE tab, wymzya FE tab .4MG-35MCG, .8MG-25MCG-75MG</i> (FEMCON FE Equiv)	F	-
<i>mononessa tab .25MG-35MCG</i> (ORTHO-CYCLEN Equiv)	F	-
NECON TAB 35MCG ( <i>norethindrone-eth estradiol (biphasic)</i> )	F	-

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<i>nortrel 7/7/7 tab, pirmella 7/7/7 tab</i> (TRI-NORINYL Equiv)	F	
<i>nortrel tab .4MG-35MCG, .5MG-35MCG, 1MG-35MCG</i> (OVCON 35 Equiv)	F	-
<i>tri-legest tab 1MG-75MG</i> (ESTROSTEP FE Equiv)	F	-
<i>tri-sprintec tab</i> (ORTHO TRI-CYCLEN Equiv)	F	-
<i>velivet tab</i> (CYCLESSA Equiv)	F	-
<i>vienna tab, lessina tab, kurvelo tab .03MG-.15MG, .15MG-30MCG, .1MG-20MCG</i> (ALESSE Equiv)	F	-
<i>viorele tab, kariva tab</i> (MIRCETTE Equiv)	F	-
<b>COMBINATION CONTRACEPTIVES - TRANSDERMAL - Drugs to prevent pregnancy</b>		
XULANE PATCH 35MCG/24HR-150MCG/24HR ( <i>norelgestromin-ethinyl estradiol</i> )	F	-
<b>COMBINATION CONTRACEPTIVES - VAGINAL - Drugs to prevent pregnancy</b>		
<i>eluryng vaginal ring .015MG/24HR-.12MG/24HR</i> (NUVARING Equiv)	F	-
<b>EMERGENCY CONTRACEPTIVES - Drugs to prevent pregnancy</b>		
ELLA TAB 30MG ( <i>ulipristal acetate</i> )	F	-
<i>levonorgestrel tab 1.5MG</i> (PLAN B Equiv)	F	OTC
LEVONORGESTREL TAB 0.75MG ( <i>levonorgestrel (emergency oc)</i> )	F	-
PLAN B TAB 1.5MG ( <i>levonorgestrel (emergency oc)</i> )	F	OTC
<b>PROGESTIN CONTRACEPTIVES - ORAL - Drugs to replace female hormones</b>		
<i>norethindrone tab</i> (NORA-QD Equiv)	F	-

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<b>CORTICOSTEROIDS - Drugs to treat systemic swelling conditions</b>		
<b>GLUCOCORTICOSTEROIDS - Drugs to treat systemic swelling conditions</b>		
<i>budesonide SR cap 3MG</i> (ENTOCORT EC Equiv)	F	-
DEXAMETHASONE CONC 1MG/ML ( <i>dexamethasone</i> )	F	-
<i>dexamethasone elixir .5MG/5ML</i>	F	-
DEXAMETHASONE SOLN .5MG/5ML ( <i>dexamethasone</i> )	F	-
<i>dexamethasone tab</i> (DECADRON Equiv)	F	-
<i>hydrocortisone tab 10MG, 20MG, 5MG</i> (CORTEF Equiv)	F	-
<i>methylprednisolone dose pack 4MG</i> (MEDROL Equiv)	F	-
<i>methylprednisolone tab 16MG, 32MG, 4MG, 8MG</i> (MEDROL Equiv)	F	-
<i>prednisolone ODT 10MG, 15MG, 30MG</i> (ORAPRED Equiv)	F	-
PREDNISOLONE ORAL SYRUP 15MG/5ML ( <i>prednisolone</i> )	F	-
<i>prednisolone soln 10MG/5ML, 15MG/5ML, 20MG/5ML, 5MG/5ML, 6.7MG/5ML</i> (PEDIAPRED Equiv)	F	-
<i>prednisolone syrup 15MG/5ML</i> (PRELONE Equiv)	F	-
PREDNISONONE SOLN 5MG/5ML ( <i>prednisone</i> )	F	-

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<i>prednisone tab 10MG, 1MG, 2.5MG, 20MG, 50MG, 5MG</i> (DELTASONE Equiv)	F	-
<b>MINERALOCORTICOIDS - Drugs to treat systemic swelling conditions</b>		
<i>fludrocortisone tab .1MG</i> (FLORINEF Equiv)	F	-
<b>COUGH/COLD/ALLERGY - Drugs to treat cough, cold, and allergy symptoms</b>		
<b>ANTITUSSIVES - Drugs to treat cough</b>		
<i>benzonatate cap 100mg, 200mg 100MG, 200MG</i> (TESSALON Equiv)	F	-
<i>dextromethorphan cap 15MG</i> (ROBITUSSIN Equiv)	F	OTC Only covered for members age 2 years or older
<i>dextromethorphan ER liquid 30MG/5ML</i> (DELSYM Equiv)	F	OTC Only covered for members age 2 years or older
<i>dextromethorphan syrup 10MG/5ML, 15MG/5ML, 7.5MG/5ML</i> (BENYLIN PEDIATRIC Equiv)	F	OTC Only covered for members age 2 years or older
<i>hydrocodone/homatropine syrup 1.5MG/5ML-5MG/5ML</i> (HYCODAN Equiv)	F	-
<b>COUGH/COLD/ALLERGY COMBINATIONS - Drugs to treat cough, cold, and allergy symptoms</b>		

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<i>brompheniram/phenylephrine/dm soln</i> 1MG/5ML-2.5MG/5ML-5MG/5ML, 4MG/5ML-10MG/5ML-20MG/5ML, 4MG/5ML-7.5MG/5ML-15MG/5ML (DIMETAPP MULTI-SYMPTOM Equiv)	F	OTC Only covered for members age 2 years or older
BROTAPP DM LIQUID 1MG/5ML-5MG/5ML-15MG/5ML ( <i>pseudoephed-bromphen-dm</i> )	F	OTC Only covered for members age 2 years or older
<i>cetirizine/pseudoephedrine 12-hour tab 5MG-120MG</i> (ZYRTEC Equiv)	F	OTC-QL QL= 1 tab/day
<i>dextromethorphan hb/doxylamine soln</i> 12.5MG/10ML-30MG/10ML, 12.5MG/20ML-30MG/20ML, 12.5MG/30ML-30MG/30ML, 3.125MG/5ML-7.5MG/5ML, 6.25MG/15ML-15MG/15ML (VICKS NYQUIL COUGH Equiv)	F	OTC Only covered for members age 2 years or older
DEXTROMETHORPHAN/PHENYLEPHRINE LIQUID 2.5MG/5ML-5MG/5ML ( <i>phenylephrine-dm</i> )	F	OTC Only covered for members age 2 years or older

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<i>diphenhydramine/phenylephrine/acetaminophen liquid 10MG/30ML-25MG/30ML-650MG/30ML, 2.5MG/5ML-6.25MG/5ML-160MG/5ML, 5MG/10ML-12.5MG/10ML-325MG/10ML, 5MG/15ML-12.5MG/15ML-325MG/15ML</i>	F	OTC Only covered for members age 2 years or older
<i>d-methorphan hb/p-epd hcl/bpm elixir 1MG/5ML-5MG/5ML-15MG/5ML (DIMETAPP DM COLD/COUGH Equiv)</i>	F	OTC Only covered for members age 2 years or older
<i>d-methorphan hb/p-ephed hcl/cp liquid 1MG/5ML-5MG/5ML-15MG/5ML (CHILDRENS NYQUIL COLD Equiv)</i>	F	OTC Only covered for members age 2 years or older
<i>d-methorphan/acetamin/doxylamn liquid 12.5MG/30ML-30MG/30ML-1000MG/30ML, 12.5MG/30ML-30MG/30ML-650MG/30ML, 6.25MG/15ML-15MG/15ML-325MG/15ML, 6.25MG/15ML-15MG/15ML-500MG/15ML (VICKS NYQUIL COLD/FLU Equiv)</i>	F	OTC Only covered for members age 2 years or older
<i>d-methorphan/pe/acetaminophen cap 5MG-10MG-325MG (DAY TIME MULTI-SYMPTOM Equiv)</i>	F	OTC Only covered for members age 2 years or older
<i>guaifenesin/codeine liquid 7.5MG/5ML-225MG/5ML, 8MG/5ML-200MG/5ML (MAR-COF CG Equiv)</i>	F	OTC Only covered for members age 2 years or older

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<i>guaifenesin/codeine soln 10MG/5ML-100MG/5ML, 6.3MG/5ML-100MG/5ML</i> (TUSSI-ORGANIDIN-S Equiv)	F	OTC Only covered for members age 2 years or older
GUAIFENESIN/CODEINE SYRUP 6.3MG/5ML-100MG/5ML ( <i>guaifenesin-codeine</i> )	F	OTC Only covered for members age 2 years or older
<i>guaifenesin/dextromethorphan cap 10MG-200MG</i>	F	OTC Only covered for members age 2 years or older
<i>guaifenesin/dextromethorphan ER tab 30MG-600MG, 60MG-1200MG</i> (DURADEX Equiv)	F	OTC Only covered for members age 2 years or older
<i>guaifenesin/dextromethorphan liquid 10MG/5ML-100MG/5ML</i> (GNP DAY TIME MUCUS RELIEF Equiv)	F	OTC Only covered for members age 2 years or older
<i>guaifenesin/dextromethorphan tab 20MG-400MG</i> (HUMIBID CS Equiv)	F	OTC Only covered for members age 2 years or older
<i>guaifenesin/d-methorphan hb/pe syrup 5MG/5ML-10MG/5ML-100MG/5ML</i> (TUSSAFED EX Equiv)	F	OTC Only covered for members age 2 years or older
<i>guaifenesin/pseudoephedrine tab 120MG-1200MG, 60MG-600MG</i> (PROFEN II Equiv)	F	OTC Only covered for members age 2 years or older

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LOHIST-D LIQUID 2MG/5ML-30MG/5ML <i>(chlorpheniramine &amp; pseudoeph)</i>	F	OTC Only covered for members age 2 years or older
<i>loratadine/pseudoephedrine 12-hour tab 5MG-120MG</i> (CLARITIN-D Equiv)	F	OTC-QL QL= 2 tabs/day
<i>loratadine/pseudoephedrine 24-hour tab 10MG-240MG</i> (CLARITIN-D Equiv)	F	OTC-QL QL= 1 tab/day
PEDIATRIC COUGH/COLD LIQUID 1MG/5ML-5MG/5ML-15MG/5ML <i>(pseudoephedrine-chlorphen-dm)</i>	F	OTC Only covered for members age 2 years or older
<i>phenyldphrine/brompheniramine elixir 1MG/5ML-2.5MG/5ML</i> (DIMETAPP COLD/ALLERGY Equiv)	F	OTC Only covered for members age 2 years or older
PHENYLDPHRINE/BROMPHENIRAMINE TAB 4MG-10MG <i>(brompheniramine &amp; phenyleph)</i>	F	OTC Only covered for members age 2 years or older
<i>phenylephrine/chlorpheniramine liquid 4MG/5ML-10MG/5ML</i> (ED A-HIST Equiv)	F	OTC Only covered for members age 2 years or older
<i>phenylephrine/chlorpheniramine tab 4MG-10MG</i>	F	OTC Only covered for members age 2 years or older

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<i>phenylephrine/diphenhydramine liquid</i> 2.5MG/5ML-6.25MG/5ML (TRIAMINIC COLD Equiv)	F	OTC Only covered for members age 2 years or older
<i>phenylephrine/dm/acetaminop/gg liquid</i> 10MG/20ML-20MG/20ML-400MG/20ML-650MG/20ML, 10MG/30ML-20MG/30ML-400MG/30ML-650MG/30ML, 5MG/10ML-10MG/10ML-200MG/10ML-325MG/10ML, 5MG/15ML-10MG/15ML-200MG/15ML-325MG/15ML (TYLENOL COUGH Equiv)	F	OTC Only covered for members age 2 years or older
<i>phenylephrine/dm/acetaminop/gg tab</i> 5MG-10MG-100MG-325MG, 5MG-10MG-200MG-325MG (SUDAFED PE COLD/COUGH Equiv)	F	OTC Only covered for members age 2 years or older
PHENYLEPRINE/ACETAMIN/DOXYLAMINE CAP 5MG-6.25MG-325MG (doxylamine-phenylephrine-acetaminophen)	F	OTC Only covered for members age 2 years or older
<i>promethazine DM syrup</i> 6.25MG/5ML-15MG/5ML	F	-
<i>promethazine VC syrup</i> 5MG/5ML-6.25MG/5ML	F	-
<i>promethazine VC/codeine syrup</i> (PHENERGAN VC/CODIENE Equiv)	F	-

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<i>promethazine/codeine syrup</i> 6.25MG/5ML-10MG/5ML (PHENERGAN/CODIENE Equiv)	F	-
<i>pseudoephedrine/brompheniramine liquid</i> 1MG/5ML-15MG/5ML (DIMETAPP COLD/ALLERGY Equiv)	F	OTC Only covered for members age 2 years or older
<i>pseudoephedrine/chlorpheniramine tab 4MG-60MG</i> (DECONAMINE Equiv)	F	OTC Only covered for members age 2 years or older
<i>pseudoephedrine/triprolidine tab 2.5MG-60MG</i> (ACTIFED COLD/ALLERGY Equiv)	F	OTC Only covered for members age 2 years or older
TUSSIN CF LIQUID 10MG/15ML-18MG/15ML-396MG/15ML, 10MG/5ML-20MG/5ML-200MG/5ML, 10MG/5ML-20MG/5ML-400MG/5ML, 10MG/5ML-28MG/5ML-388MG/5ML, 10MG/5ML-29MG/5ML-390MG/5ML, 10MG/5ML-30MG/5ML-200MG/5ML, 2.5MG/5ML-5MG/5ML-50MG/5ML, 2.5MG/ML-7.5MG/ML-88MG/ML, 7.5MG/5ML-30MG/5ML-200MG/5ML ( <i>phenylephrine w/ dm-gg</i> )	F	OTC Only covered for members age 2 years or older
<b>EXPECTORANTS - Drugs to thin and loosen mucus in the chest</b>		

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<i>guaifenesin ER tab 1200MG, 600MG</i> (MUCINEX Equiv)	F	OTC Only covered for members age 2 years or older
<i>guaifenesin liquid 100MG/5ML, 200MG/10ML, 300MG/15ML, 400MG/20ML</i> (ORGANIDIN Equiv)	F	OTC Only covered for members age 2 years or older
<i>guaifenesin syrup 100MG/5ML, 200MG/10ML</i> (ROBITUSSIN Equiv)	F	OTC Only covered for members age 2 years or older
<i>guaifenesin tab 200MG, 400MG</i> (ALLFEN Equiv)	F	OTC Only covered for members age 2 years or older
<b>MISC. RESPIRATORY INHALANTS - Miscellaneous respiratory inhalants</b>		
NEBUSAL NEB SOLN 3.5%, 6% ( <i>sodium chloride (inhalant)</i> )	F	-
<i>sodium chloride neb soln .9%, 10%, 3%, 7%</i> (HYPER-SAL Equiv)	F	-
<b>MUCOLYTICS - Drugs to treat cough, cold, and allergy symptoms</b>		
<i>acetylcysteine soln 10%, 20%</i> (MUCOMYST Equiv)	F	-
<b>DERMATOLOGICALS - Drugs to treat skin conditions</b>		
<b>ACNE PRODUCTS - Drugs to treat skin conditions</b>		
<i>adapalene cream .1%</i> (DIFFERIN Equiv)	F	PA Acne Only – members age 35 or older require Prior Authorization

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<i>adapalene gel 0.3% .3%</i> (DIFFERIN Equiv)	F	PA Acne Only – members age 35 or older require Prior Authorization
<i>amnesteem cap, claravis cap, isotretinoin cap, myorisan cap, zenatane cap 10MG, 20MG, 30MG, 40MG</i> (AC CUTANE Equiv)	F	-
<i>benzoyl peroxide cream 10%, 2.5%</i>	F	OTC-QL QL= 1 tube/30 days
<i>benzoyl peroxide gel 10%, 2.5%, 5%</i> (BENZAC AC Equiv)	F	OTC-QL QL= 1 tube/30 days
<i>benzoyl peroxide liquid 10%, 4%, 5%, 7%</i> (PANOXYL Equiv)	F	OTC-QL QL= 1 bottle/30 days
<i>benzoyl peroxide lotion</i> (TRIAZ CLEANSER Equiv)	F	OTC-QL QL= 1 bottle/30 days
<i>clindamycin gel 1%</i> (CLEOCIN Equiv)	F	-
<i>clindamycin lotion 1%</i> (CLEOCIN- T Equiv)	F	-
<i>clindamycin pad 1%</i> (CLEOCIN-T Equiv)	F	-
<i>clindamycin topical soln 1%</i> (CLEOCIN-T Equiv)	F	-
DIFFERIN OTC GEL 0.1% .1% ( <i>adapalene</i> )	F	OTC-PA Acne Only – members age 35 or older require Prior Authorization
<i>erythromycin gel 2%</i> (ERYGEL Equiv)	F	-
<i>erythromycin pad 2%</i> (T-STAT Equiv)	F	-
<i>erythromycin soln 2%</i> (T-STAT Equiv)	F	-

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<i>sodium sulfacetamide/sulfur emulsion 10-5% 5% -10%</i> (ROSAC Equiv)	F	-
<i>sodium sulfacetamide/sulfur wash 9-4.5% 4.5%-9%</i> (SUMAXIN Equiv)	F	-
<i>tretinoin cream .025%, .05%, .1%</i> (RETIN-A Equiv)	F	PA Acne Only – members age 35 or older require Prior Authorization
<i>tretinoin gel .04%, .1%</i> (RETIN-A Equiv)	F	PA Acne Only – members age 35 or older require Prior Authorization
<b>AGENTS FOR WRINKLES/LIPOATROPHY/OTHER AESTHETIC USES - drugs for cosmetic uses</b>		
RENOVA CREAM .02%, .05% ( <i>tretinoin (facial wrinkles)</i> )	EXC	-
<b>ANTIBIOTICS - TOPICAL - Drugs to treat bacterial infections</b>		
<i>bacitracin oint 500UNIT/GM</i> (BACIGUENT Equiv)	F	OTC
<i>bacitracin/polymyxin b oint 500UNIT/GM-100000UNIT/GM, 500UNIT/GM-10000UNIT/GM</i> (POLYSPORIN Equiv)	F	OTC
<i>bacitracin/zinc oint 500UNIT/GM</i>	F	OTC
<i>gentamicin sulfate cream .1%</i>	F	-
<i>gentamicin sulfate oint .1%</i>	F	-
<i>mupirocin oint 2%</i> (BACTROBAN Equiv)	F	-

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<i>neomycin/bacitracin/polymyxin b oint</i> 3.5MG-400UNIT-5000UNIT, 3.5MG/GM-400UNIT/GM-5000UNIT/GM, 3.5MG/GM-500UNIT/GM-10000UNIT/GM, 5MG-400UNIT-5000UNIT, 5MG/GM-400UNIT/GM-5000UNIT/GM, 5MG/GM-500UNIT/GM-10000UNIT/GM (NEOSPORIN ORIGINAL Equiv)	F	OTC
<i>neomycin/bacitracin/polymyxin b/pramoxine oint</i> 3.5MG/GM-10MG/GM-500UNIT/GM-10000UNIT/G M, 5MG/GM-10MG/GM-500UNIT/GM-10000UNIT/GM	F	OTC
<i>neomycin/polymyxin b/pramoxine cream</i> 3.5MG/GM-10MG/GM-10000UNIT/GM (NEOSPORIN Equiv)	F	OTC
<b>ANTIFUNGALS - TOPICAL - Drugs to treat fungal infections</b>		
<i>ciclopirox cream .77%</i> (LOPROX Equiv)	F	-
<i>ciclopirox gel .77%</i> (LOPROX Equiv)	F	-
<i>ciclopirox nail soln 8%</i> (PENLAC Equiv)	F	-
<i>ciclopirox shampoo 1%</i> (LOPROX Equiv)	F	-
<i>ciclopirox topical susp .77%</i> (LOPROX Equiv)	F	-
<i>clotrimazole cream 1%</i> (LOTRIMIN AF Equiv)	F	OTC
<i>clotrimazole soln 1%</i> (LOTRIMIN AF Equiv)	F	OTC

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<i>clotrimazole/betamethasone cream .05%-1%</i> (LOTRISONE Equiv)	F	-
<i>clotrimazole/betamethasone lotion .05%-1%</i> (LOTRISONE Equiv)	F	-
<i>econazole cream 1%</i> (SPECTAZOLE Equiv)	F	-
FUNGOID SOLN 2% ( <i>miconazole nitrate (topical)</i> )	F	OTC
<i>keetoconazole cream 2%</i> (NIZORAL Equiv)	F	-
<i>keetoconazole shampoo 1%, 2%</i> (NIZORAL Equiv)	F	-
<i>miconazole cream 2%</i> (MICATIN Equiv)	F	OTC
<i>miconazole nitrate powder 2%</i>	F	OTC
<i>miconazole oint 2%</i> (ALOE VESTA Equiv)	F	OTC
<i>nystatin cream 100000UNIT/GM</i> (MYCOSTATIN Equiv)	F	-
<i>nystatin oint 100000UNIT/GM</i>	F	-
<i>nystatin topical powder 100000UNIT/GM</i> (MYCOSTATIN Equiv)	F	-
<i>terbinafine cream 1%</i> (LAMISIL AT Equiv)	F	OTC-QL QL= 1 tube/30 days; Covered for members age 12 years or older
<i>tolnaftate aerosol 1%</i> (TINACTIN Equiv)	F	OTC
<i>tolnaftate cream 1%</i> (TINACTIN Equiv)	F	OTC
<i>tolnaftate powder 1%</i> (TINACTIN Equiv)	F	OTC
<b>ANTI-HISTAMINES-TOPICAL - Drugs to treat allergies</b>		

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<i>diphenhydramine cream .1%-1%, .1%-2%</i> (BENADRYL Equiv)	F	OTC
<i>diphenhydramine gel 2%</i> (DERMAREST Equiv)	F	OTC
<b>ANTI-INFLAMMATORY AGENTS - TOPICAL - Drugs to treat pain and inflammation</b>		
<i>diclofenac gel 1% 1%</i> (VOLTAREN Equiv)	F	QL QL=5 tubes/fill
<b>ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL - Drugs to treat cancer</b>		
<i>fluorouracil cream 5%</i> (EFUDEX Equiv)	F	-
FLUOROURACIL SOLN 2%, 5% ( <i>fluorouracil (topical)</i> )	F	-
TARGRETIN GEL 1% ( <i>bexarotene (topical)</i> )	F	LMSP-PA
VALCHLOR GEL .016% ( <i>mechlorethamine hcl (topical)</i> )	F	LD-PA-QL QL= 4 tubes/30 days; Only available through Avella (877) 546-5779
<b>ANTIPSORIATICS - Drugs to treat psoriasis</b>		
8-MOP CAP 10MG ( <i>methoxsalen</i> )	F	LMSP
<i>acitretin cap 10MG, 17.5MG, 25MG</i> (SORIATANE Equiv)	F	LMSP
<i>calcipotriene cream .005%</i> (DOVONEX Equiv)	F	-
<i>calcipotriene oint .005%</i>	F	-
<i>calcipotriene soln .005%</i> (DOVONEX Equiv)	F	-
COSENTYX INJ (1-PACK) 150MG/ML ( <i>secukinumab</i> )	F	LMSP-PA-QL QL=1 inj/28 days

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COSENTYX INJ (2-PACK) 150MG/ML ( <i>secukinumab</i> )	F	LMSP-PA-QL QL=2 inj/28 days
<i>methoxsalen cap 10MG</i> (OXSORALEN ULTRA Equiv)	F	LMSP
SKYRIZI INJ 75MG/0.83ML ( <i>risankizumab-rzaa</i> )	F	LMSP-PA-QL QL= 2 inj/84 days
<i>tazarotene cream .1%</i> (TAZORAC Equiv)	F	-
<b>ANTISEBORRHEIC PRODUCTS - Drugs to treat skin conditions</b>		
<i>selenium sulfide lotion 1%, 2.5%</i> (SELSUN BLUE Equiv)	F	-
<i>selenium sulfide shampoo 2.25%</i> (SELSEB Equiv)	F	-
<b>ANTIVIRALS - TOPICAL - Drugs to treat viral infections</b>		
<i>acyclovir oint 5%</i> (ZOVIRAX Equiv)	F	-
DENAVIR CREAM 1% ( <i>penciclovir</i> )	F	-
<b>BURN PRODUCTS - Drugs to treat burns</b>		
<i>silver sulfadiazine cream 1%</i> (SILVADENE Equiv)	F	-
SULFAMYLLON CREAM 85MG/GM ( <i>mafenide acetate</i> )	F	-
<b>CORTICOSTEROIDS - TOPICAL - Drugs to treat itching and inflammation</b>		
<i>alclometasone cream .05%</i> (ACLOVATE Equiv)	F	-
<i>alclometasone oint .05%</i> (ACLOVATE Equiv)	F	-
<i>betamethasone augmented cream .05%</i> (DIPROLENE AF Equiv)	F	-
<i>betamethasone augmented gel .05%</i> (DIPROLENE Equiv)	F	-

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<i>betamethasone augmented lotion .05%</i> (DIPROLENE Equiv)	F	-
<i>betamethasone augmented oint .05%</i> (DIPROLENE Equiv)	F	-
<i>betamethasone dipropionate cream .05%</i> (DIPROSONE Equiv)	F	-
<i>betamethasone dipropionate lotion .05%</i>	F	-
<i>betamethasone dipropionate oint .05%</i> (DIPROSONE Equiv)	F	-
<i>betamethasone valerate cream .1%</i>	F	-
<i>betamethasone valerate lotion .1%</i>	F	-
<i>betamethasone valerate oint .1%</i>	F	-
<i>clobetasol propionate cream .05%</i> (TEMOVATE Equiv)	F	-
<i>clobetasol propionate emollient cream .05%</i> (TEMOVATE E Equiv)	F	-
<i>clobetasol propionate gel .05%</i> (TEMOVATE Equiv)	F	-
<i>clobetasol propionate oint .05%</i> (TEMOVATE Equiv)	F	-
<i>desoximetasone cream .05%, .25%</i> (TOPICORT Equiv)	F	-
<i>desoximetasone gel .05%</i> (TOPICORT Equiv)	F	-
<i>desoximetasone oint .05%, .25%</i> (TOPICORT Equiv)	F	-
EPIFOAM AEROSOL 1% ( <i>pramoxine-hc</i> )	F	-
<i>fluocinolone acetonide cream .01%, .025%</i> (SYNALAR Equiv)	F	-

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<i>fluocinolone acetonide oint .025%</i> (SYNALAR Equiv)	F	-
<i>fluocinolone acetonide soln .01%</i> (SYNALAR Equiv)	F	-
<i>fluocinonide cream 0.05% .05%</i> (LIDEX Equiv)	F	-
<i>fluocinonide emollient cream .05%</i> (LIDEX-E Equiv)	F	-
<i>fluocinonide gel .05%</i> (LIDEX Equiv)	F	-
<i>fluocinonide oint .05%</i> (LIDEX Equiv)	F	-
<i>fluocinonide soln .05%</i> (LIDEX Equiv)	F	-
<i>fluticasone propionate cream .05%</i> (CUTIVATE Equiv)	F	-
<i>fluticasone propionate oint .005%</i> (CUTIVATE Equiv)	F	-
<i>halobetasol propionate cream .05%</i> (ULTRAVATE Equiv)	F	-
<i>halobetasol propionate oint .05%</i> (ULTRAVATE Equiv)	F	PA
<i>hydrocortisone ac cream 1%</i>	F	OTC
<i>hydrocortisone aloe cream .5%, 1%</i>	F	OTC
<i>hydrocortisone cream .5%, 1%, 2.5%</i> (PROCTOCORT Equiv)	F	OTC
<i>hydrocortisone gel 1%</i> (INSTACORT 10 Equiv)	F	OTC
<i>hydrocortisone lotion 1%, 2%, 2.5%</i> (HYTONE Equiv)	F	OTC
<i>hydrocortisone oint .5%, 1%, 2.5%</i> (HYTONE Equiv)	F	OTC
<i>hydrocortisone topical soln 1%</i>	F	OTC
<i>mometasone cream .1%</i> (ELOCON Equiv)	F	-
<i>mometasone oint .1%</i> (ELOCON Equiv)	F	-
<i>mometasone soln .1%</i> (ELOCON Equiv)	F	-
PREDNICARBATE CREAM .1% ( <i>prednicarbate</i> )	F	-

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PREDNICARBATE OINT .1% ( <i>prednicarbate</i> )	F	-
<i>triamcinolone cream .025%, .1%, .5%</i> (ARISTOCORT A Equiv)	F	-
<i>triamcinolone lotion .025%, .1%</i> (KENALOG Equiv)	F	-
<i>triamcinolone oint .025%, .1%, .5%</i> (ARISTOCORT A Equiv)	F	-
<b>DIAPER RASH PRODUCTS - Drugs to treat diaper rash</b>		
<i>A-D oint 15.5%-53.4%, 46.5%, 51.1%, 60.4%, 71.3%</i>	F	OTC
<b>ECZEMA AGENTS - Drugs to treat eczema</b>		
DUPIXENT INJ 200MG/1.14ML, 300MG/2ML ( <i>dupilumab</i> )	F	LMSP-PA-QL QL=2 inj/28 days
<b>EMOLLIENTS - Drugs to treat skin conditions</b>		
<i>ammonium lactate cream 12%</i> (LAC-HYDRIN Equiv)	F	OTC
<i>ammonium lactate lotion 10%, 12%, 5%</i> (LACTICARE Equiv)	F	OTC
<i>glycerin lotion 1.25%</i> (VASELINE Equiv)	F	OTC
<i>mineral oil/petrolatum cream</i> (CETAPHIL Equiv)	F	OTC
petrolatum oint .3%, 4.5%-7.3%-54.86%, 41% ( <i>emollient</i> )	F	OTC
<i>vitamin a - d oint 15.5%-53.4%, 15.5%-53.5%, 93.5%, 95%, 96%</i>	F	OTC
<b>ENZYMES - TOPICAL - Drugs to treat skin conditions</b>		
SANTYL OINT 250UNIT/GM ( <i>collagenase</i> )	F	QL QL= 90gm/30 days

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<b>HAIR GROWTH AGENTS - drugs to grow hair</b>		
<i>finasteride tab 1MG</i> (PROPECIA Equiv)	EXC	-
<b>HAIR REDUCTION AGENTS - drugs to remove hair</b>		
VANIQA CREAM 13.9% ( <i>eflornithine hcl</i> )	EXC	-
<b>IMMUNOMODULATING AGENTS - TOPICAL - Drugs to treat disorders of the immune system</b>		
<i>imiquimod cream 5%</i> (ALDARA Equiv)	F	-
<b>IMMUNOSUPPRESSIVE AGENTS - TOPICAL - Drugs to treat disorders of the immune system</b>		
<i>tacrolimus oint .03%, .1%</i> (PROTOPIC Equiv)	F	-
<b>KERATOLYTIC/ANTIMITOTIC AGENTS - Drugs to treat skin conditions</b>		
PODOCON SOLN 25% ( <i>podophyllum resin</i> )	F	-
<i>podofilox soln</i> (CONDYLOX Equiv)	F	-
<i>salicylic acid pad 2%, 40%</i> (STRI-DEX Equiv)	F	OTC
<b>LOCAL ANESTHETICS - TOPICAL - Drugs for numbing</b>		
<i>capsaicin cream .025%, .075%, .1%</i> (ZOSTRIX Equiv)	F	OTC
<i>lidocaine cream 3% 3%</i> (LIDAMANTLE Equiv)	F	-
<i>lidocaine gel 2%</i> (XYLOCAINE Equiv)	F	-
<i>lidocaine oint 5%</i>	F	QL QL=107 gm/30 days
<i>lidocaine soln 4%</i> (XYLOCAINE Equiv)	F	-
<i>lidocaine/prilocaine cream 2.5%</i> (EMLA Equiv)	F	-
<b>MISC. TOPICAL - Miscellaneous topical products</b>		
<i>aluminum chloride soln</i> (DRYSOL Equiv)	F	-
CALAMINE LOTION ( <i>calamine</i> )	F	OTC
DRYSOL SOLN 20% ( <i>aluminum chloride</i> )	F	-

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GEL DRESSING ( <i>skin protectants, misc.</i> )	F	
<i>lubricating jelly 1%</i> (H-R STERILE JELLY Equiv)	F	OTC
<i>mineral oil/petrolatum cream</i> (EUCERIN Equiv)	F	OTC
SODIUM CHLORIDE SPRAY .9% ( <i>sodium chloride (external)</i> )	F	OTC
<i>zinc oxide oint 10%, 20%, 30%, 40%</i> (DESITIN Equiv)	F	OTC
<i>zinc oxide paste 40%</i> (DESITIN Equiv)	F	OTC
<b>PIGMENTING-DEPIGMENTING AGENTS - drugs to treat skin discoloration</b>		
<i>hydroquinone cream 4%</i> (LUSTRA Equiv)	EXC	-
TRI-LUMA CREAM .01%-.05%-4% ( <i>fluocinolone-hydroquinone-tretinoin</i> )	EXC	-
<b>ROSACEA AGENTS - Drugs to treat skin conditions</b>		
<i>azelaic acid gel 15%</i> (FINACEA Equiv)	F	-
<i>metronidazole cream .75%</i> (METROCREAM Equiv)	F	-
<i>metronidazole gel .75%, 1%</i> (METROGEL Equiv)	F	-
<b>SCABICIDES &amp; PEDICULICIDES - Drugs to treat skin conditions</b>		
LICE B GONE SHAMPOO ( <i>vegetable extract</i> )	F	OTC
LINDANE LOTION ( <i>lindane</i> )	F	-
<i>permethrin cream 5%</i> (ELIMITE Equiv)	F	-
<i>permethrin liquid 1%</i> (NIX Equiv)	F	OTC
<i>permethrin lotion 1%</i>	F	OTC
<i>piperonyl butoxide/pyrethrins liquid .3%-1.2%-2.4% -3%, .33%-4%</i> (RID Equiv)	F	OTC

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<i>piperonyl butoxide/pyrethrins shampoo .33%-4%</i> (TEGRIN-LT Equiv)	F	OTC
SPINOSAD SUSP .9% ( <i>spinosad</i> )	F	QL QL= 1 bottle/fill
<b>WOUND CARE PRODUCTS - Drugs to treat diabetic ulcers</b>		
REGRANEX GEL .01% ( <i>becaplermin</i> )	F	QL QL= two 15gm tubes/fill
VENELEX OINT 87MG/GM-788MG/GM ( <i>balsam peru-castor oil</i> )	F	-
<b>DIAGNOSTIC PRODUCTS - Miscellaneous diagnostic test products</b>		
<b>DIAGNOSTIC PRODUCTS, MISC. - drugs to diagnose or monitor conditions</b>		
FREESTYLE LITE TEST STRIP ( <i>glucose blood</i> )	F	OTC Limited to 50 strips per month for members not on diabetes medication
<b>DIAGNOSTIC TESTS - Miscellaneous diagnostic test products</b>		
FREESTYLE INSULINX TEST STRIP ( <i>glucose blood</i> )	F	OTC Limited to 50 strips per month for members not on diabetes medication
FREESTYLE TEST STRIP ( <i>glucose blood</i> )	F	OTC Limited to 50 strips per month for members not on diabetes medication
KETOSTIX ( <i>acetone (urine) test</i> )	F	OTC

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PRECISION XTRA TEST STRIP ( <i>glucose blood</i> )	F	
<b>DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS - Drugs to treat nutrition condition</b>		
<b>INFANT FOODS</b>		
INFANT FORMULA LIQUID ( <i>infant foods</i> )	F	OTC-PA
INFANT FORMULA POWDER ( <i>infant foods</i> )	F	OTC-PA
<b>NUTRITIONAL SUPPLEMENTS - Drugs to treat nutrition deficiency</b>		
NUTRITIONAL SUPPLEMENT LIQUID ( <i>nutritional supplements</i> )	F	OTC-PA
NUTRITIONAL SUPPLEMENT POWDER ( <i>nutritional supplements</i> )	F	OTC-PA
<b>DIGESTIVE AIDS - Drugs to treat low digestive enzymes</b>		
<b>DIGESTIVE ENZYMES - Drugs to treat low digestive enzymes</b>		
CREON CAP 12000UNIT-38000UNIT-60000UNIT, 24000UNIT-76000UNIT-120000UNIT, 3000UNIT-9500UNIT-15000UNIT, 36000UNIT-114000UNIT-180000UNIT, 6000UNIT-19000UNIT-30000UNIT ( <i>pancrelipase (lipase-protease-amylase)</i> )	F	-
<b>DIURETICS - Drugs to treat heart, circulation conditions, and blood pressure</b>		
<b>CARBONIC ANHYDRASE INHIBITORS - Drugs to treat high blood pressure</b>		
<i>acetazolamide ER cap 500MG</i> (DIAMOX SEQUEL Equiv)	F	-
<i>acetazolamide tab</i>	F	-

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<i>methazolamide tab 25MG, 50MG</i> (NEPTAZANE Equiv)	F	-
<b>DIURETIC COMBINATIONS - Drugs to treat heart, circulation conditions, and blood pressure</b>		
<i>amiloride/hydrochlorothiazide tab 5MG-50MG</i> (MODURETIC Equiv)	F	-
<i>spironolactone/hydrochlorothiazide tab 25MG</i> (ALDACTAZIDE Equiv)	F	-
<i>triamterene/hydrochlorothiazide cap 25MG-37.5MG</i> (DYAZIDE Equiv)	F	-
TRIAMTERENE/HYDROCHLOROTHIAZIDE CAP 50-25mg 25MG-50MG ( <i>triamterene &amp; hydrochlorothiazide</i> )	F	-
<i>triamterene/hydrochlorothiazide tab 25MG-37.5MG, 50MG-75MG</i> (MAXZIDE Equiv)	F	-
<b>LOOP DIURETICS - Drugs to treat heart, circulation conditions, and blood pressure</b>		
<i>bumetanide tab .5MG, 1MG, 2MG</i> (BUMEX Equiv)	F	-
<i>ethacrynic tab 25MG</i> (EDECIN Equiv)	F	-
FUROSEMIDE SOLN 8MG/ML (LASIX Equiv) ( <i>furosemide</i> )	F	-
<i>furosemide tab 20MG, 40MG, 80MG</i> (LASIX Equiv)	F	-
<i>torseamide tab 100MG, 10MG, 20MG, 5MG</i> (DEMADEX Equiv)	F	-
<b>POTASSIUM SPARING DIURETICS - Drugs to treat heart, circulation conditions, and blood pressure</b>		
<i>amiloride tab 5MG</i> (MIDAMOR Equiv)	F	-

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<i>spironolactone tab 100MG, 25MG, 50MG</i> (ALDACTONE Equiv)	F	-
<b>THIAZIDES AND THIAZIDE-LIKE DIURETICS - Drugs to treat heart, circulation conditions, and blood pressure</b>		
<i>chlorothiazide tab 500MG</i> (DIURIL Equiv)	F	-
CHLOROTHIAZIDE TAB 250MG, 500MG 250MG, 500MG ( <i>chlorothiazide</i> )	F	-
CHLORTHALIDONE TAB ( <i>chlorthalidone</i> )	F	-
DIURIL SUSP 250MG/5ML ( <i>chlorothiazide</i> )	F	-
<i>hydrochlorothiazide cap 12.5MG</i> (MICROZIDE Equiv)	F	-
<i>hydrochlorothiazide tab 12.5MG, 25MG, 50MG</i> (HYDRODIURIL Equiv)	F	-
<i>indapamide tab 1.25MG, 2.5MG</i> (LOZOL Equiv)	F	-
<i>metolazone tab 10MG, 2.5MG, 5MG</i> (ZAROXOLYN Equiv)	F	-
<b>ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to treat bone disease and regulate hormones</b>		
<b>BONE DENSITY REGULATORS - Drugs to treat bone disease</b>		
<i>alendronate tab 10MG, 35MG, 5MG, 70MG</i> (FOSAMAX Equiv)	F	-
ALENDRONATE TAB 40MG 40MG, 5MG ( <i>alendronate sodium</i> )	F	-
<i>calcitonin nasal spray 200UNIT/ACT</i> (MIACALCIN Equiv)	F	-

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FORTEO INJ 600MCG/2.4ML ( <i>teriparatide (recombinant)</i> )	F	LMSP-PA
MIACALCIN INJ 200UNIT/ML ( <i>calcitonin (salmon)</i> )	F	LMSP
NATPARA INJ 100MCG, 25MCG, 50MCG, 75MCG ( <i>parathyroid hormone (recombinant)</i> )	F	LD-PA Only available through Walgreens 888-347-3416
TYMLOS INJ 3120MCG/1.56ML ( <i>abaloparatide</i> )	F	LMSP
<b>GNRH/LHRH ANTAGONISTS - Drugs to treat endometriosis</b>		
<i>ganirelix ac inj 250MCG/0.5ML</i>	EXC	INF
ORLISSA TAB 150MG 150MG ( <i>elagolix sodium</i> )	F	PA-QL QL=1 tab/day
ORLISSA TAB 200MG 200MG ( <i>elagolix sodium</i> )	F	PA-QL QL=2 tabs/day
<b>GROWTH HORMONE RECEPTOR ANTAGONISTS - Drugs to regulate hormones</b>		
SOMAVERT INJ 10MG, 15MG, 20MG, 25MG, 30MG ( <i>pegvisomant</i> )	F	LD-PA Only available through Walgreens 888-347-3416
<b>GROWTH HORMONES - Drugs to regulate hormones</b>		
HUMATROPE INJ 12MG, 24MG, 5MG, 6MG ( <i>somatropin</i> )	F	LMSP-PA
<b>HORMONE RECEPTOR MODULATORS - Drugs to regulate hormones</b>		
<i>raloxifene tab 60MG</i> (EVISTA Equiv)	F	-
<b>INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS) - Drugs to regulate hormones</b>		
INCRELEX INJ 40MG/4ML ( <i>mecasermin</i> )	F	MSP

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<b>LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS - Drugs to regulate hormones</b>		
SYNAREL NASAL SOLN 2MG/ML ( <i>nafarelin acetate</i> )	F	LMSP
<b>METABOLIC MODIFIERS - Drugs to regulate metabolism or hormones</b>		
<i>calcitriol cap .25MCG, .5MCG</i> (ROCALTROL Equiv)	F	-
<i>calcitriol soln 1MCG/ML</i> (ROCALTROL Equiv)	F	-
CARBAGLU TAB 200MG ( <i>carglumic acid</i> )	F	LD-PA Only available through Accredo 888-773-7376
<i>cinacalcet tab 30MG, 60MG, 90MG</i> (SENSIPAR Equiv)	F	LMSP-PA
<i>doxercalciferol cap .5MCG, 1MCG, 2.5MCG</i> (HECTOROL Equiv)	F	-
KUVAN POWDER PACK 100MG, 500MG ( <i>sapropterin dihydrochloride</i> )	F	LD-PA Only available through Walgreens 888-347-3416
KUVAN TAB 100MG ( <i>sapropterin dihydrochloride</i> )	F	LD-PA Only available through Walgreens 888-347-3416
<i>levocarnitine soln 1GM/10ML</i> (CARNITOR Equiv)	F	-
<i>levocarnitine tab 330MG</i> (CARNITOR Equiv)	F	-
PALYNZIQ INJ 10MG/0.5ML 10MG/0.5ML ( <i>pegvaliase-pqpz</i> )	F	LD-PA-QL-SF QL= 1 inj/day; Only available through Diplomat Pharmacy 877-977-9118

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PALYNZIQ INJ 2.5MG/0.5ML 2.5MG/0.5ML ( <i>pegvaliase-pqpz</i> )	F	LD-PA-QL-SF QL= 1 inj/day; Only available through Diplomat Pharmacy 877-977-9118
PALYNZIQ INJ 20MG/ML 20MG/ML ( <i>pegvaliase-pqpz</i> )	F	LD-PA-QL-SF QL= 1 inj/day; Only available through Diplomat Pharmacy 877-977-9118
<i>paricalcitol cap 1MCG, 2MCG, 4MCG</i> (ZEMPLAR Equiv)	F	-
STRENSIQ INJ 18MG/0.45ML, 28MG/0.7ML, 40MG/ML, 80MG/0.8ML ( <i>asfotase alfa</i> )	F	LD-PA Only available through PantherRx Pharmacy 855-726-8479
<b>POSTERIOR PITUITARY HORMONES - Drugs to regulate hormones</b>		
<i>desmopressin acetate inj 4MCG/ML</i> (DDAVP Equiv)	F	-
<i>desmopressin acetate tab .1MG, .2MG</i> (DDAVP Equiv)	F	-
<i>desmopressin nasal soln</i> (DDAVP Equiv)	F	-
STIMATE NASAL SOLN 1.5MG/ML ( <i>desmopressin acetate</i> )	F	LMSP
<b>PROLACTIN INHIBITORS - Drugs to regulate hormones</b>		
<i>cabergoline tab .5MG</i> (DOSTINEX Equiv)	F	-
<b>SOMATOSTATIC AGENTS - Drugs to regulate hormones</b>		
<i>octreotide inj 1000MCG/5ML, 1000MCG/ML, 100MCG/ML, 200MCG/ML, 500MCG/ML, 50MCG/ML</i> (SANDOSTATIN Equiv)	F	LMSP

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SIGNIFOR INJ .3MG/ML, .6MG/ML, .9MG/ML ( <i>pasireotide diaspertate</i> )	F	LD-PA-QL QL= 2 vials/day; Only available through Accredo 888-773-7376
<b>VASOPRESSIN RECEPTOR ANTAGONISTS - Drugs to regulate hormones</b>		
JYNARQUE PAK 15MG ( <i>tolvaptan</i> )	F	LD-PA-QL QL= 2 tabs/day; Only available through Walgreens 888-347-3416
<b>ESTROGENS - Drugs to replace female hormones</b>		
<b>ESTROGEN COMBINATIONS - Drugs to replace female hormones</b>		
<i>jinteli tab .5MG-2.5MCG, 1MG-5MCG</i> (FEMHRT Equiv)	F	-
PREMPHASE TAB, PREMPRO TAB .3MG-1.5MG, .45MG-1.5MG, .625MG-2.5MG, .625MG-5MG ( <i>conjugated estrogens-medroxyprogesterone acetate</i> )	F	-
<b>ESTROGENS - Drugs used for contraception</b>		
<i>estradiol patch .025MG/24HR, .0375MG/24HR, .05MG/24HR, .075MG/24HR, .1MG/24HR</i> (CLIMARA Equiv)	F	-
<i>estradiol tab .5MG, 1MG, 2MG</i> (ESTRACE Equiv)	F	-
<i>estradiol valerate inj 20MG/ML, 40MG/ML</i> (DELESTROGEN Equiv)	F	-
PREMARIN TAB .3MG, .45MG, .625MG, .9MG, 1.25MG ( <i>estrogens, conjugated</i> )	F	-
<b>FLUOROQUINOLONES - Drugs to treat bacterial infections</b>		

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<b>FLUOROQUINOLONES - Drugs to treat bacterial infections</b>		
<i>ciprofloxacin susp 250MG/5ML, 500MG/5ML</i> (CIPRO Equiv)	F	-
<i>ciprofloxacin tab 250MG, 500MG, 750MG</i> (CIPRO Equiv)	F	-
<i>levofloxacin soln 25MG/ML</i> (LEVAQUIN Equiv)	F	-
<i>levofloxacin tab 250MG, 500MG, 750MG</i> (LEVAQUIN Equiv)	F	-
<i>moxifloxacin tab 400MG</i> (AVELOX Equiv)	F	-
<i>ofloxacin tab 400MG</i> (FLOXIN Equiv)	F	-
<b>GASTROINTESTINAL AGENTS - MISC. - Miscellaneous gastrointestinal drugs</b>		
<b>ANTIFLATULENTS - Drugs to treat excessive gas</b>		
<i>simethicone cap 125MG, 180MG</i> (MYLANTA Equiv)	F	OTC
<i>simethicone chew tab 125MG, 80MG</i> (GAS-X Equiv)	F	OTC
<i>simethicone drops 20MG/0.3ML, 40MG/0.6ML</i> (MYLICON Equiv)	F	OTC
simethicone liquid ( <i>simethicone</i> )	F	OTC
SIMETHICONE STRIPS 40MG, 62.5MG ( <i>simethicone</i> )	F	OTC
<b>BILE ACID SYNTHESIS DISORDER AGENTS - Drugs to treat bile acid disorders</b>		
CHOLBAM CAP 250MG, 50MG ( <i>cholic acid</i> )	F	LD-PA Only available through Dohman LSS 844-246-5226
<b>FARNESOID X RECEPTOR (FXR) AGONISTS - Drugs to treat primary biliary cholangitis</b>		

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OCALIVA TAB 10MG, 5MG ( <i>obeticholic acid</i> )	F	LD-PA-QL-SF Only available through Walgreens 888-347-3416; QL=1 tab/day
<b>GALLSTONE SOLUBILIZING AGENTS - Drugs to treat bowel, intestine, and stomach conditions</b>		
<i>ursodiol cap 300MG</i> (ACTIGALL Equiv)	F	-
<i>ursodiol tab 250MG, 500MG</i> (URSO (FORTE) Equiv)	F	-
<b>GASTROINTESTINAL ANTIALLERGY AGENTS - Drugs to treat bowel, intestine, and stomach conditions</b>		
<i>cromolyn conc 100MG/5ML</i> (GASTROCROM Equiv)	F	-
<b>GASTROINTESTINAL STIMULANTS - Drugs to treat bowel, intestine, and stomach conditions</b>		
<i>metoclopramide soln 10MG/10ML, 5MG/5ML</i> (REGLAN Equiv)	F	-
<i>metoclopramide tab 10MG, 5MG</i> (REGLAN Equiv)	F	-
<b>INFLAMMATORY BOWEL AGENTS - Drugs to treat disorders of the immune system</b>		
<i>balsalazide cap 750MG</i> (COLAZAL Equiv)	F	-
<i>mesalamine enema 4GM</i> (ROWASA Equiv)	F	-
<i>mesalamine ER cap .375GM</i> (APRISO Equiv)	F	-
<i>mesalamine supp 1000MG</i> (CANASA Equiv)	F	-
<i>sulfasalazine EC tab 500MG</i> (AZULFIDINE Equiv)	F	-
<i>sulfasalazine tab 500MG</i> (AZULFIDINE Equiv)	F	-
<b>INTESTINAL ACIDIFIERS - Drugs to treat bowel, intestine, and stomach conditions</b>		
<i>lactulose soln 10GM/15ML</i>	F	-
<b>PERIPHERAL OPIOID RECEPTOR ANTAGONISTS - Drugs to treat overdose or toxicity</b>		
SYMPROIC TAB .2MG ( <i>naldemedine tosylate</i> )	F	PA

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<b>PHOSPHATE BINDER AGENTS - Drugs to regulate calcium and phosphorus levels</b>		
<i>calcium acetate cap 667MG</i> (PHOSLO Equiv)	F	-
PHOSLYRA SOLN 667MG/5ML ( <i>calcium acetate (phosphate binder)</i> )	F	-
<i>sevelamer carbonate tab 800MG</i> (RENVELA Equiv)	F	PA
<b>GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous genitourinary drugs</b>		
<b>ALKALINIZERS - Drugs to treat low pH</b>		
CYTRA-3 SYRUP 334MG/5ML-500MG/5ML-550MG/5ML ( <i>pot &amp; sod citrates w/citric ac</i> )	F	-
ORACIT SOLN 490MG/5ML-640MG/5ML ( <i>sodium citrate &amp; citric acid</i> )	F	-
<i>potassium citrate CR tab 1080MG, 15MEQ, 540MG</i> (UROCIT-K Equiv)	F	-
<i>potassium citrate/citric acid powder pack 1002MG-3300MG</i> (POLYCITRA Equiv)	F	-
<i>potassium citrate/citric acid soln 334MG/5ML-1100MG/5ML</i> (POLYCITRA-K Equiv)	F	-
<i>sodium citrate/citric acid soln 334MG/5ML-500MG/5ML</i> (BICITRA Equiv)	F	-
<b>CYSTINOSIS AGENTS - Drugs to treat enzyme deficiencies</b>		
CYSTAGON CAP 150MG, 50MG ( <i>cysteamine bitartrate</i> )	F	LD-PA Only available through CVS Specialty 800-237-2767

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<b>DRUG NAME</b> Name of drug	<b>DRUG TIER</b> What the drug will cost you (tier level)	<b>REQUIREMENTS/LIMITS</b> Necessary actions, restrictions, or limits on use
<b>GENTOURINARY IRRIGANTS - Drugs to treat the urinary system</b>		
<i>sodium chloride irr soln .9%</i>	F	-
<b>INTERSTITIAL CYSTITIS AGENTS - Drugs to treat urinary incontinence</b>		
ELMIRON CAP 100MG ( <i>pentosan polysulfate sodium</i> )	F	-
<b>PROSTATIC HYPERTROPHY AGENTS - Drugs to treat enlarged prostate</b>		
<i>alfuzosin SR tab 10MG</i> (UROXATRAL Equiv)	F	-
<i>dutasteride cap .5MG</i> (AVODART Equiv)	F	-
<i>finasteride tab 5MG</i> (PROSCAR Equiv)	F	-
<i>tamsulosin cap .4MG</i> (FLOMAX Equiv)	F	-
<b>URINARY ANALGESICS - Drugs to treat urinary pain</b>		
<i>phenazopyridine tab 100MG, 200MG, 95MG, 97.5MG, 99.5MG</i> (PYRIDIDIUM Equiv)	F	-
<b>GOUT AGENTS - Drugs to treat gout</b>		
<b>GOUT AGENT COMBINATIONS - Drugs to treat gout</b>		
<i>colchicine/probenecid tab .5MG-500MG</i> (COL-BENEMID Equiv)	F	-
<b>GOUT AGENTS - Drugs to treat gout</b>		
<i>allopurinol tab</i> (ZYLOPRIM Equiv)	F	-
<i>colchicine tab .6MG</i> (COLCRYS Equiv)	F	PA
<i>febuxostat tab 40MG, 80MG</i> (ULORIC Equiv)	F	ST Step Therapy requires trial of allopurinol
MITIGARE CAP .6MG ( <i>colchicine</i> )	F	-

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EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
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<b>URICOSURICS - Drugs to treat gout</b>		
<i>probenecid tab 500MG</i> (BENEMID Equiv)	F	-
<b>HEMATOLOGICAL AGENTS - MISC. - Drugs to treat blood disorders</b>		
<b>ANTIHEMOPHILIC PRODUCTS - Drugs to treat hemophilia</b>		
ADVATE INJ 1000UNIT, 1500UNIT, 2000UNIT, 250UNIT, 3000UNIT, 4000UNIT, 500UNIT <i>(antihemophilic factor rahf-pfm)</i>	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
AFSTYLA KIT 1000UNIT, 1500UNIT, 2000UNIT, 2500UNIT, 250UNIT, 3000UNIT, 500UNIT <i>(antihemophilic factor (recombinant) single chain)</i>	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
ALPROLIX INJ 1000UNIT, 2000UNIT, 250UNIT, 3000UNIT, 4000UNIT, 500UNIT <i>(coagulation factor ix (recomb) fc fusion protein (rfixfc))</i>	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
BENEFIX INJ 1000UNIT, 2000UNIT, 250UNIT, 3000UNIT, 500UNIT <i>(coagulation factor ix (recombinant))</i>	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
ELOCTATE INJ 1000UNIT, 1500UNIT, 2000UNIT, 250UNIT, 3000UNIT, 4000UNIT, 5000UNIT, 500UNIT, 6000UNIT, 750UNIT <i>(antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc))</i>	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
HEMLIBRA INJ 105MG/0.7ML, 150MG/ML, 30MG/ML, 60MG/0.4ML <i>(emicizumab-kxwh)</i>	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program

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HUMATE-P INJ 1000UNIT, 1000UNIT-2400UNIT, 1500UNIT, 2000UNIT, 250UNIT, 250UNIT-600UNIT, 500UNIT, 500UNIT-1200UNIT ( <i>antihemophilic factor/von willebrand factor complex (human)</i> )	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
IDELVION 1000UNIT, 2000UNIT, 250UNIT, 3500UNIT, 500UNIT ( <i>coagulation factor ix recomb albumin fusion protein (rix-fp)</i> )	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
JIVI INJ 1000UNIT, 2000UNIT, 3000UNIT, 500UNIT ( <i>antihemophilic factor (recombinant) pegylated-aucl</i> )	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
KOATE DVI INJ 1000UNIT, 1700UNIT, 250UNIT, 500UNIT ( <i>antihemophilic factor (human)</i> )	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
KOGENATE INJ 1000UNIT, 2000UNIT, 250UNIT, 3000UNIT, 500UNIT ( <i>antihemophilic factor (recombinant)</i> )	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
MINONINE INJ 1000UNIT, 1500UNIT, 500UNIT ( <i>coagulation factor ix</i> )	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
NOVOEIGHT INJ 1000UNIT, 1500UNIT, 2000UNIT, 250UNIT, 3000UNIT, 500UNIT ( <i>antihemophilic factor (rcmb) bd truncated (bd trunc-rfviii)</i> )	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
NOVOSEVEN INJ 1MG, 2MG, 5MG, 8MG ( <i>coagulation factor viia (recombinant)</i> )	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program

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NUWIQ INJ 1000UNIT, 2000UNIT, 2500UNIT, 250UNIT, 3000UNIT, 4000UNIT, 500UNIT <i>(antihemophilic factor (rcmb) simoctocog alfa(bdd-rfviii,sim))</i>	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
PROFILNINE SD INJ 1000UNIT, 1500UNIT, 200-1200 UNIT, 500UNIT <i>(factor ix complex)</i>	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
REBINYN SOLN 1000UNIT, 2000UNIT, 500UNIT <i>(coagulation factor ix (recombinant) glycopegylated)</i>	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
RECOMBINATE INJ 1000UNIT, 2000UNIT, 2500UNIT, 250UNIT, 3000UNIT, 4000UNIT, 500UNIT <i>(antihemophilic factor (rcmb) simoctocog alfa(bdd-rfviii,sim))</i>	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
TRETTIN INJ 2000-3125 UNIT <i>(coagulation factor xiii a-subunit (recombinant))</i>	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
VONVEDI INJ 1300UNIT, 650UNIT <i>(von willebrand factor (recombinant))</i>	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
XYNTHA INJ 1000UNIT, 2000UNIT, 250UNIT, 3000UNIT, 500UNIT <i>(antihemophilic factor (recombinant) plasma/albumin free)</i>	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
<b>HEMATOLOGIC - TYROSINE KINASE INHIBITORS - Drugs to treat blood disorders</b>		
TAVALISSE TAB 100MG, 150MG <i>(fostamatinib disodium)</i>	F	LD-PA-QL-SF QL= 2 tabs/day; Only available through Biologics 800-850-4306
<b>HEMATORHEOLOGIC AGENTS - Drugs to treat circulation disorders</b>		

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<i>pentoxifylline ER tab 400MG</i> (TRENTAL Equiv)	F	-
<b>PLATELET AGGREGATION INHIBITORS - Drugs to thin the blood</b>		
<i>anagrelide cap .5MG, 1MG</i> (AGRYLIN Equiv)	F	-
CABLIVI KIT 11MG ( <i>caplacizumab-yhdp</i> )	F	LD-PA-QL QL=1 vial/day; Only available through Biologics 800-850-4306
<i>cilostazol tab 100MG, 50MG</i> (PLETAL Equiv)	F	-
<i>clopidogrel tab 75mg 75MG</i> (PLAVIX Equiv)	F	-
<i>dipyridamole tab</i> (PERSANTINE Equiv)	F	-
<i>prasugrel tab 10MG, 5MG</i> (EFFIENT Equiv)	F	-
TICLOPIDINE TAB ( <i>ticlopidine hcl</i> )	F	-
<b>HEMATOPOIETIC AGENTS - Drugs to treat blood disorders</b>		
<b>AGENTS FOR GAUCHER DISEASE - Drugs to treat blood disorders</b>		
CERDELGA CAP 84MG ( <i>eliglustat tartrate</i> )	F	LD-PA Only available through Walgreens 888-347-3416
<i>miglustat cap 100MG</i> (ZAVESCA Equiv)	F	LD-PA Only available through Accredo 888-773-7376
<b>AGENTS FOR SICKLE CELL ANEMIA - Drugs to treat blood disorders</b>		
DROXIA CAP 200MG, 300MG, 400MG ( <i>hydroxyurea (sickle cell anemia)</i> )	F	-
ENDARI POWDER PACK 5GM ( <i>glutamine (sickle cell)</i> )	F	LMSP-PA-QL QL= 6 packets/day

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<b>COBALAMINS - Drugs to treat vitamin deficiency</b>		
<i>cyanocobalamin inj 1000MCG/ML</i>	F	-
<i>cyanocobalamin er tab 1000MCG, 1500MCG, 2000MCG</i>	F	OTC
<i>cyanocobalamin lozenge 1000MCG, 100MCG, 250MCG, 3000MCG, 5000MCG, 50MCG (cyanocobalamin)</i>	F	OTC
<i>cyanocobalamin sl tab 1000MCG, 2500MCG, 3000MCG, 5000MCG, 50MCG</i>	F	OTC
<i>cyanocobalamin tab 1000MCG, 100MCG, 2000MCG, 250MCG, 500MCG, 50MCG</i>	F	OTC
<i>VITAMIN B-12 TAB 2000MCG, 2500MCG (cyanocobalamin)</i>	F	OTC
<b>FOLIC ACID/FOLATES - Drugs to treat vitamin deficiency</b>		
<i>folic acid tab 1mg 1MG</i>	F	-
<i>folic acid tab 400mcg 400MCG</i>	F	OTC
<i>folic acid tab 800mcg 800MCG</i>	F	OTC
<b>HEMATOPOIETIC GROWTH FACTORS - Drugs to treat blood disorders</b>		
<i>DOPTELET TAB 20MG (avatrombopag maleate)</i>	F	KMSP-PA-QL QL=2 tabs/day
<i>EPOGEN INJ 10000UNIT/ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML (epoetin alfa)</i>	F	LMSP
<i>FULPHILA INJ 6MG/0.6ML (pegfilgrastim-jmdb)</i>	F	LMSP

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NEUMEGA INJ ( <i>oprelvekin</i> )	F	
NIVESTYM INJ 300MCG/ML, 480MCG/1.6ML ( <i>filgrastim-aafi</i> )	F	LMSP
PROCRIT INJ 40000UNIT/ML ( <i>epoetin alfa</i> )	F	LMSP
PROMACTA TAB 12.5MG, 25MG, 50MG, 75MG ( <i>eltrombopag olamine</i> )	F	LMSP-PA
RETACRIT INJ 40000UNIT/ML ( <i>epoetin alfa-epbx</i> )	F	LMSP
ZARXIO INJ 300MCG/0.5ML, 480MCG/0.8ML ( <i>filgrastim-sndz</i> )	F	LMSP
ZIEXTENZO INJ 6MG/0.6ML ( <i>pegfilgrastim-bmez</i> )	F	LMSP
<b>HEMATOPOIETIC MIXTURES - Drugs to treat blood disorders</b>		
FERREX 150 CAP 1MG-25MCG-150MG ( <i>polysaccharide iron-folic acid-vit b12</i> )	F	-
<i>ferrex 150 forte cap 1MG-25MCG-150MG</i>	F	-
<i>folbee tab 1MG-2.5MG-25MG</i> (FOLGARD Equiv)	F	-
MULTIGEN FOLIC TAB 1MG-2MG-10MCG-70MG-75MG-150MG ( <i>fe asparto gly-succinic acid-vit c-threonic acid-vit b12-fa</i> )	F	-
MULTIGEN PLUS TAB .8MG-1MG-10MCG-50MG-60MG-101MG ( <i>fe asparto gly-fe fumarate-succ acid-c-threonic acid-b12-fa</i> )	F	-

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MULTIGEN TAB 2MG-10MCG-50MG-70MG-75MG-150MG ( <i>fe asparto gly-succin ac-c-threonic ac-b12-des stom subst</i> )	F	-
NEPHRON FA TAB 1MG-1.5MG-1.7MG-6MCG-10MG-20MG-40MG-75MG-200MG-300MCG ( <i>ferrous fumarate w/ fa-dss-b complex-vit c</i> )	F	-
<i>tricon cap .5MG-15MCG-75MG-110MG-240MG</i> (TRINSICON Equiv)	F	-
<b>IRON - Drugs to treat iron deficiency</b>		
<i>ferrous gluconate tab 240MG, 27MG, 324MG</i> (FERGON Equiv)	F	OTC
<i>ferrous sulfate dr tab 325MG</i>	F	OTC
<i>ferrous sulfate er tab 142MG, 143MG, 45MG, 47.5MG, 50MG</i> (SLOW FE Equiv)	F	OTC
FERROUS SULFATE LIQUID 220MG/5ML, 5MG/20ML ( <i>ferrous sulfate</i> )	F	OTC
<i>ferrous sulfate slow release tab 160MG, 45MG</i> (SLOW FE Equiv)	F	OTC
<i>ferrous sulfate soln 220MG/5ML</i> (FER-IN-SOL Equiv)	F	OTC
FERROUS SULFATE SYRUP 300MG/5ML ( <i>ferrous sulfate</i> )	F	OTC

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<i>ferrous sulfate tab 134MG, 27MG, 28MG, 325MG, 65MG</i>	F	OTC
<b>HEMOSTATICS - Drugs to stop bleeding/treat blood disorders</b>		
<b>HEMOSTATICS - SYSTEMIC - Drugs to thin the blood</b>		
<i>aminocaproic acid soln .25GM/ML (AMICAR Equiv)</i>	F	-
<i>aminocaproic acid syrup (AMICAR Equiv)</i>	F	-
<i>aminocaproic acid tab 1000MG, 500MG (AMICAR Equiv)</i>	F	-
<i>tranexamic acid tab 650MG (LYSTEDA Equiv)</i>	F	-
<b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS - Drugs to treat insomnia</b>		
<b>ANTI-HISTAMINE HYPNOTICS - Drugs to treat insomnia</b>		
<i>diphenhydramine tab 25MG, 50MG (NYTOL Equiv)</i>	F	OTC
<i>diphenhydramine/acetaminophen tab (SOMINEX Equiv)</i>	F	OTC Only covered for members age 2 years or older
<i>doxylamine succinate tab 25MG (UNISOM Equiv)</i>	F	OTC
<b>BARBITURATE HYPNOTICS - Drugs to treat insomnia</b>		
<i>phenobarbital elixir 20MG/5ML</i>	F	-
<i>phenobarbital tab 100MG, 15MG, 16.2MG, 30MG, 32.4MG, 60MG, 64.8MG, 97.2MG</i>	F	-
<b>NON-BARBITURATE HYPNOTICS - Drugs to treat insomnia</b>		
<i>estazolam tab 1MG, 2MG (PROSOM Equiv)</i>	F	-
<i>eszopiclone tab 1MG, 2MG, 3MG (LUNESTA Equiv)</i>	F	QL QL= 1 tab/day

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FLURAZEPAM CAP 15MG, 30MG ( <i>flurazepam hcl</i> )	F	-
<i>temazepam cap 15mg 15MG</i> (RESTORIL Equiv)	F	-
<i>temazepam cap 30mg 30MG</i> (RESTORIL Equiv)	F	-
<i>triazolam tab .125MG, .25MG</i> (HALCION Equiv)	F	-
<i>zaleplon cap 10MG, 5MG</i> (SONATA Equiv)	F	-
<i>zolpidem tab 10MG, 5MG</i> (AMBIEN Equiv)	F	QL QL= 1 tab/day
<b>LAXATIVES - Drugs to treat constipation</b>		
<b>BULK LAXATIVES - Drugs to treat constipation</b>		
<i>calcium pycarbophil tab 625MG</i> (FIBERCON Equiv)	F	OTC
KONSYL POWDER 27%, 52.3%, 55.6%, 57.6%, 60.3%, 63%, 70%, 71.67% ( <i>psyllium</i> )	F	OTC
KONSYL POWDER PACKET 100%, 28%, 28.3%, 49%, 51.7%, 58.12%, 58.6%, 60.3%, 70%, 95% ( <i>psyllium</i> )	F	OTC
<i>psyllium cap .52GM, 400MG, 520MG</i> (METAMUCIL Equiv)	F	OTC
<i>psyllium powder 100%, 25%, 28.3%, 30%, 30.9%, 33%, 43%, 48.57%, 49%, 51.7%, 58.6%, 68%, 95%</i> (METAMUCIL Equiv)	F	OTC
<b>LAXATIVE COMBINATIONS - Drugs to treat constipation</b>		

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<i>peg 3350/electrolytes soln 2.97GM-5.86GM-6.74GM-22.74GM-236GM, 2.98GM-5.84GM-6.72GM-22.72GM-240GM</i> (COLYTE Equiv)	F	-
<i>sennosides/docusate sodium tab 8.6MG-50MG</i> (SENOKOT S Equiv)	F	OTC
<i>trilyte soln 1.48GM-5.72GM-11.2GM-420GM</i> (NULYTELY Equiv)	F	-
<b>LAXATIVES - MISCELLANEOUS - Drugs to treat constipation</b>		
<i>FLEET ENEMA 5.4GM/DOSE (glycerin (laxative))</i>	F	OTC
<i>GLYCERIN SUPPOSITORY 1GM, 2GM (glycerin (laxative))</i>	F	OTC
<i>lactulose soln 10GM/15ML, 20GM/30ML</i>	F	-
<i>polyethylene glycol 3350 powder 17GM/SCOOP</i> (MIRALAX Equiv)	F	OTC
<i>polyethylene glycol packet 17GM</i> (MIRALAX Equiv)	F	OTC
<b>LUBRICANT LAXATIVES - Drugs to treat constipation</b>		
<i>mineral oil 100%, 99.9%</i>	F	OTC
<i>mineral oil enema 100%</i> (FLEET OIL Equiv)	F	OTC
<b>SALINE LAXATIVES - Drugs to treat constipation</b>		
<i>magnesium citrate soln 1.745GM/30ML</i>	F	OTC
<i>magnesium hydroxide susp 1200MG/15ML, 2400MG/10ML, 2400MG/30ML, 400MG/5ML, 7.75%</i>	F	OTC

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<i>sodium phosphate enema 3.5GM/59ML-9.5GM/59ML, 6GM/133ML-16GM/133ML, 7GM/118ML-19GM/118ML</i> (FLEET ENEMA Equiv)	F	OTC
<b>STIMULANT LAXATIVES - Drugs to treat constipation</b>		
BISACODYL ENEMA 10MG/30ML ( <i>bisacodyl</i> )	F	OTC
<i>bisacodyl supp 10MG</i> (DULCOLAX Equiv)	F	OTC
<i>bisacodyl tab 5MG</i> (DULCOLAX Equiv)	F	OTC
<i>sennosides tab 15MG, 17.2MG, 25MG, 8.6MG</i> (SENOKOT Equiv)	F	OTC
<b>SURFACTANT LAXATIVES - Drugs to treat constipation</b>		
<i>docusate calcium cap 240MG</i> (KAOPECTATE Equiv)	F	OTC
<i>docusate sodium cap 100MG, 250MG, 50MG</i> (COLACE Equiv)	F	OTC
<i>docusate sodium enema 100MG/5ML, 283MG/5ML</i> (DOCUSOL KIDS Equiv)	F	OTC
<i>docusate sodium liquid 100MG/10ML, 150MG/15ML, 50MG/5ML</i> (COLACE Equiv)	F	OTC
<i>docusate sodium syrup 60MG/15ML</i> (COLACE Equiv)	F	OTC
<i>docusate sodium tab 100MG</i>	F	OTC
<b>MACROLIDES - Drugs to treat bacterial infections</b>		
<b>AZITHROMYCIN - Drugs to treat bacterial infections</b>		
<i>azithromycin susp 100MG/5ML, 200MG/5ML</i> (ZITHROMAX Equiv)	F	-

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<i>azithromycin tab 250MG, 500MG, 600MG</i> (ZITHROMAX Equiv)	F	-
<b>CLARITHROMYCIN - Drugs to treat bacterial infections</b>		
<i>clarithromycin susp 125MG/5ML, 250MG/5ML</i>	F	-
<i>clarithromycin tab 250MG, 500MG</i> (BIAXIN Equiv)	F	-
<b>ERYTHROMYCINS - Drugs to treat bacterial infections</b>		
ERYTHROMYCIN EC CAP 250MG 250MG ( <i>erythromycin base</i> )	F	-
<i>erythromycin ethylsuccinate susp 200MG/5ML, 400MG/5ML</i> (E.E.S. Equiv)	F	-
<i>erythromycin stearate tab 250MG</i>	F	-
<i>erythromycin tab 250MG, 500MG</i>	F	all forms except PCE
<b>FIDAXOMICIN - drugs to treat infections</b>		
DIFICID TAB 200MG ( <i>fidaxomicin</i> )	F	QL-ST QL= 20 tabs/fill; Step Therapy requires trial of vancomycin cap, vancomycin soln or FIRVANQ SOLN
<b>MEDICAL DEVICES AND SUPPLIES - Drugs for miscellaneous use</b>		
<b>CONTRACEPTIVES - Devices to prevent pregnancy</b>		
CERVICAL CAP ( <i>cervical caps</i> )	F	-
DIAPHRAGM ( <i>diaphragms</i> )	F	-
FEMALE CONDOMS ( <i>condoms - female</i> )	F	OTC
MALE CONDOMS ( <i>condoms latex non-lubricated - male</i> )	F	OTC

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<b>DIABETIC SUPPLIES - Devices to assist with diabetes</b>		
CALIBRATION LIQUID ( <i>blood glucose calibration</i> )	F	OTC
FREESTYLE FREEDOM LITE METER ( <i>blood glucose monitoring supplies</i> )	F	OTC
FREESTYLE INSULINX METER ( <i>blood glucose monitoring supplies</i> )	F	OTC
FREESTYLE LIBRE RECEIVER ( <i>continuous blood glucose system receiver</i> )	F	PA-QL QL= 1 receiver/year
FREESTYLE LIBRE SENSOR (10-DAY) ( <i>continuous blood glucose system sensor</i> )	F	PA-QL QL= 3 sensors/30 days
FREESTYLE LIBRE SENSOR (14-DAY) ( <i>continuous blood glucose system sensor</i> )	F	PA-QL QL=2 sensor/28 days
FREESTYLE LITE METER ( <i>blood glucose monitoring supplies</i> )	F	OTC
LANCETS ( <i>lancets</i> )	F	OTC
PRECISION XTRA METER ( <i>blood glucose monitoring supplies</i> )	F	OTC
V-GO INJ KIT ( <i>insulin infusion disposable pump</i> )	F	QL QL= 1 kit/day
<b>MISC. DEVICES - Drugs for miscellaneous use</b>		
ALCOHOL SWABS 70% ( <i>alcohol swabs</i> )	F	OTC
<b>PARENTERAL THERAPY SUPPLIES - Miscellaneous supplies</b>		
BD AUTOSHIELD DUO PEN NEEDLE ( <i>insulin pen needle</i> )	F	OTC

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B-D INSULIN SYRINGE U-500 ( <i>insulin syringe/needle u-500</i> )	F	
TECHLITE INSULIN SYRINGE ( <i>insulin syringe/needle u-100</i> )	F	OTC
TECHLITE PEN NEEDLE ( <i>insulin pen needle</i> )	F	OTC
TRUEPLUS INSULIN SYRINGE ( <i>insulin syringe/needle u-100</i> )	F	OTC
TRUEPLUS PEN NEEDLE ( <i>insulin pen needle</i> )	F	-
<b>RESPIRATORY THERAPY SUPPLIES - Devices to assist with lung disorders</b>		
AEROCHAMBER ( <i>spacer/aerosol-holding chambers</i> )	F	OTC
PEAK FLOW METER ( <i>peak flow meter</i> )	F	OTC
<b>MIGRAINE PRODUCTS - Drugs to treat migraine headaches</b>		
<b>MIGRAINE COMBINATIONS - Drugs to treat migraine headaches</b>		
MIGERGOT SUPP 2MG-100MG ( <i>ergotamine w/ caffeine</i> )	F	-
<b>SEROTONIN AGONISTS - Drugs to treat migraine headaches</b>		
<i>rizatriptan ODT 10MG, 5MG</i> (MAXALT Equiv)	F	QL QL= 12 tabs/fill, 3 fills/60 days
<i>rizatriptan tab 10MG, 5MG</i> (MAXALT Equiv)	F	QL QL= 12 tabs/fill, 3 fills/60 days
<i>sumatriptan inj 4MG/0.5ML, 6MG/0.5ML</i> (IMITREX Equiv)	F	QL QL= 4 inj/fill, 2 fills/30 days
SUMATRIPTAN INJ 6MG/0.5ML 6MG/0.5ML ( <i>sumatriptan succinate</i> )	F	QL QL= 4 inj/fill, 2 fills/30 days

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<i>sumatriptan tab 100MG, 25MG, 50MG</i> (IMITREX Equiv)	F	QL QL= 9 tabs/fill, 2 fills/30 days
<b>MINERALS &amp; ELECTROLYTES - Drugs to treat electrolyte disorders</b>		
<b>CALCIUM - Drugs to treat calcium deficiency</b>		
CALCIUM ACETATE TAB 668MG ( <i>calcium acetate</i> )	F	QL QL= 9 tabs/day
<i>calcium and phosphorus w/vitamin D tab</i> (RISACAL-D Equiv)	F	OTC
calcium carbonate chew tab 1250MG, 260MG, 500MG ( <i>calcium carbonate</i> )	F	OTC
<i>calcium carbonate tab 1250MG, 1500MG, 500MG, 600MG</i>	F	OTC
<i>calcium carbonate w/vitamin D cap 500UNIT-600MG</i>	F	OTC
CALCIUM CARBONATE W/VITAMIN D CHEW TAB 400UNIT-600MG, 600MG-800UNIT ( <i>calcium carbonate-cholecalciferol</i> )	F	OTC
<i>calcium carbonate w/vitamin D tab 200UNIT-600MG</i>	F	OTC
<i>calcium carbonate w/vitamin D tab 10MCG-500MG, 125UNIT-250MG, 125UNIT-500MG, 15MCG-500MG, 200UNIT-500MG, 200UNIT-600MG, 20MCG-600MG, 400UNIT-500MG, 400UNIT-600MG, 500MG-600UNIT, 5MCG-500MG, 600MG-800UNIT</i> (CALTRATE Equiv)	F	OTC

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calcium citrate tab 1040MG, 200MG, 250MG, 333MG <i>(calcium citrate)</i>	F	OTC
<i>calcium citrate w/vitamin D tab 200MG-250UNIT, 200UNIT-250MG, 200UNIT-315MG, 250UNIT-315MG, 5MCG-315MG, 6.25MCG-200MG</i> (CITRACAL Equiv)	F	OTC
CALCIUM GLUCONATE TAB 500MG, 50MG <i>(calcium gluconate)</i>	F	OTC
RISCAL-D TAB 81MG-105MG-120UNIT <i>(calcium &amp; phosphorus w/ vitamin d)</i>	F	OTC
<b>ELECTROLYTE MIXTURES - Drugs to treat electrolyte disorders</b>		

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<i>pediatric electrolyte soln</i> 1.2GM/240ML-1.8MG/240ML-4.7GM/240ML-4.7MEQ/240ML-8.3MEQ/240ML-10.6MEQ/240ML, 1.8MG/237ML-180MG/237ML-240MG/237ML-290MG/237ML, 1.9MG/237ML-5.9GM/237ML-180MG/237ML-240MG/237ML-290MG/237ML, 20MEQ/1000ML-25GM/1000ML-35MEQ/1000ML-45MEQ/1000ML, 20MEQ/L-25GM/L-30MEQ/L-35MEQ/L-45MEQ/L, 20MEQ/L-25GM/L-30MEQ/L-65MEQ/L-75MEQ/L, 20MEQ/L-25GM/L-35MEQ/L-45MEQ/L, 20MEQ/L-25MEQ/L-35MEQ/L-45MEQ/L, 20MEQ/L-30GM/L-30MEQ/L-35MEQ/L-45MEQ/L, 4.8GM/L-18.8GM/L-18.8MEQ/L-33.2MEQ/L-42.4MEQ/L, 5GM/L-20GM/L-20MEQ/L-30MEQ/L-35MEQ/L-45MEQ/L, 5GM/L-20GM/L-20MEQ/L-35MEQ/L-45MEQ/L, 5GM/L-20MEQ/L-25GM/L-30MEQ/L-35MEQ/L-45MEQ/L, 5GM/L-7.8MG/L-20GM/L-20MEQ/L-40MEQ/L-50MEQ/L, 7.8MG/L-16GM/L-20MEQ/L-30MEQ/L-35MEQ/L-45	F	OTC

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<i>MEQ/L, 7.8MG/L-20GM/L-20MEQ/L-40MEQ/L-50MEQ/L, 7.8MG/L-20MEQ/L-25GM-35MEQ/L-45MEQ/L, 7.8MG/L-20MEQ/L-25GM/L-35MEQ/L-45MEQ/L, 7.8MG/L-20MEQ/L-25MEQ/L-35MEQ/L-45MEQ/L</i> (PEDIALYTE Equiv)		
<b>FLUORIDE - Drugs to treat mineral deficiency</b>		
<i>sodium fluoride chew tab .25MG, .5MG, 1.1MG, 1MG, 2.2MG</i> (LURIDE Equiv)	F	-
<i>sodium fluoride soln .125MG/DROP, .5MG/ML</i> (LURIDE Equiv)	F	-
<b>MAGNESIUM - Drugs to treat electrolyte disorders</b>		
<i>magnesium oxide tab 200MG, 241.3MG, 250MG, 400MG, 500MG</i>	F	OTC
<b>MINERAL COMBINATIONS - Drugs to treat mineral deficiency</b>		
<i>calcium citrate tab .25MG-.5MG-3.75MG-40MG-125UNIT-250MG, .5MG-2MG-50MCG-50UNIT-250MG, .5MG-3.75MG-40MG-125UNIT-250MG, .5MG-5MG-40MG-125UNIT-250MG, .5MG-5MG-40MG-250MG-400UNIT, 5MG-133.333MG-133.333UNIT-333.333MG</i>	F	OTC
<b>PHOSPHATE - Drugs to treat electrolyte deficiency</b>		

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K-PHOS TAB 500MG ( <i>potassium phosphate monobasic</i> )	F	-
<i>phospha 250 neutral tab 130MG-155MG-852MG</i> (K-PHOS NEUTRAL Equiv)	F	-
<b>POTASSIUM - Drugs to treat electrolyte disorders</b>		
KLOR-CON M15 TAB 15MEQ ( <i>potassium chloride microencapsulated crystals er</i> )	F	-
K-TAB 20MEQ, 8MEQ ( <i>potassium chloride</i> )	F	-
<i>potassium bicarbonate effer tab 25MEQ, 2GM-2.5GM</i> (K-LYTE Equiv)	F	-
<i>potassium chloride ER cap 10MEQ, 8MEQ</i> (MICRO-K Equiv)	F	-
<i>potassium chloride ER tab 10MEQ, 20MEQ, 8MEQ</i> (KLOR-CON Equiv)	F	-
<i>potassium chloride micro tab 10MEQ, 20MEQ</i> (K-DUR Equiv)	F	-
<i>potassium chloride powder packet 20MEQ</i> (KLOR-CON Equiv)	F	-
<i>potassium chloride soln 10%, 20%</i>	F	-
<b>SODIUM - Drugs to treat electrolyte disorders</b>		
<i>sodium chloride tab 1GM</i>	F	OTC
<b>ZINC - Drugs to treat mineral deficiency</b>		
<i>zinc sulfate cap 220MG</i>	F	OTC
<b>MISCELLANEOUS THERAPEUTIC CLASSES - Drugs to treat assorted conditions</b>		

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<b>CHELATING AGENTS - Drugs to treat overdose or toxicity</b>		
<i>penicillamine tab 250MG</i> (DEPEN Equiv)	F	-
<b>IMMUNOSUPPRESSIVE AGENTS - Drugs to treat disorders of the immune system</b>		
<i>everolimus tab .25MG, .5MG, .75MG</i> (ZORTRESS Equiv)	F	LMSP-PA
<i>sirolimus soln 1MG/ML</i> (RAPAMUNE Equiv)	F	-
<b>POTASSIUM REMOVING AGENTS - Drugs to manage potassium levels</b>		
LOKELMA PAK 10GM, 5GM ( <i>sodium zirconium cyclosilicate</i> )	F	LMSP-PA
<b>SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS - Drugs to treat disorders of the immune system</b>		
BENLYSTA AUTO INJECTOR 200MG/ML ( <i>belimumab</i> )	F	LMSP-PA-QL QL=4 inj/28 days
BENLYSTA INJ 200MG/ML ( <i>belimumab</i> )	F	LMSP-PA-QL QL=4 inj/28 days
<b>MOUTH/THROAT/DENTAL AGENTS - Drugs to treat problems related to mouth/throat/teeth</b>		
<b>ANESTHETICS TOPICAL ORAL - Drugs for numbing</b>		
LIDOCAINE ORAL SOLN 4% 4% ( <i>lidocaine hcl (mouth-throat)</i> )	F	-
<i>lidocaine viscous soln 2%</i> (LTA 360 Equiv)	F	-
<i>throat lozenge 2.6MG-15MG, 3.6MG-15MG, 6MG-10MG</i> (CHLORASEPTIC Equiv)	F	OTC
<b>ANTI-INFECTIVES - THROAT - Drugs to treat throat infections</b>		
<i>clotrimazole troches 10MG</i> (MYCELEX Equiv)	F	-
<i>nystatin susp 100000UNIT/ML</i> (MYCOSTATIN Equiv)	F	-

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<b>ANTISEPTICS - MOUTH/THROAT - Drugs to treat bacterial infections in the mouth and throat</b>		
<i>chlorhexidine gluconate soln</i> (PERIDEX Equiv)	F	-
<b>DENTAL PRODUCTS - Drugs to prevent cavities</b>		
<i>sodium fluoride cream 1.1%</i> (PREVIDENT Equiv)	F	-
<i>sodium fluoride gel 1.1%</i> (PREVIDENT Equiv)	F	-
<i>sodium fluoride paste 1.1%</i> (PREVIDENT Equiv)	F	-
<i>sodium fluoride/potassium nitrate paste 1.1%-5%</i> (PREVIDENT Equiv)	F	-
<b>LOZENGES ***</b>		
<i>throat lozenge 3MG, 5MG, 6.1MG, 6MG-10MG, 8.4MG</i>	F	OTC
<b>STEROIDS - MOUTH/THROAT - Drugs to treat throat swelling</b>		
<i>triamcinolone in orabase paste .1%</i> (KENALOG Equiv)	F	-
<b>THROAT PRODUCTS - MISC. - Miscellaneous drugs to treat the throat</b>		
<i>cevimeline cap 30MG</i> (EVOXAC Equiv)	F	-
<i>pilocarpine tab 5MG, 7.5MG</i> (SALAGEN Equiv)	F	-
<b>MULTIVITAMINS - Drugs to treat vitamin deficiency</b>		
<b>B-COMPLEX VITAMINS - Drugs to treat vitamin deficiency</b>		
<i>vitamin B complex cap</i>	F	OTC
<b>B-COMPLEX W/ FOLIC ACID - Drugs to treat vitamin deficiency</b>		
<i>dialyvite tab</i> (NEPHRO-VITE Equiv)	F	OTC
<i>renaphro cap</i> (NEPHROCAP Equiv)	F	-
<b>BIOFLAVONOID PRODUCTS ***</b>		

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<i>ascorbic acid tab</i>	F	OTC
<b>MULTIPLE VITAMINS W/ IRON - Drugs to treat vitamin and iron deficiency</b>		
<i>multivitamin w/iron tab</i> (THERAGRAN Equiv)	F	OTC
<b>MULTIPLE VITAMINS W/ MINERALS - Drugs to treat vitamin and mineral deficiency</b>		
<i>multivitamin w/iron chew tab</i> (ADEKS Equiv)	F	OTC
<i>multivitamin/minerals tab</i> (STROVITE Equiv)	F	OTC
<b>MULTIVITAMINS - Drugs to treat vitamin deficiency</b>		
<i>multiple vitamin tab</i> (THERAGRAN Equiv)	F	OTC
<b>PED MULTI VITAMINS W/FL &amp; FE - Drugs to treat vitamin deficiency</b>		
<i>pediatric multiple vitamins/fluoride/iron soln</i> (POLY-VI-FLOR/IRON Equiv)	F	-
<i>tri-vit/iron/fluoride drop</i> (TRI-VI-FLOR/IRON Equiv)	F	-
<b>PED MULTIPLE VITAMINS W/ MINERALS - Drugs to treat vitamin and mineral deficiency</b>		
CENTRUM KIDS CHEW ( <i>pediatric multiple vitamin w/ minerals &amp; c</i> )	F	OTC
<i>pediatric multivitamin w/minerals gummy</i> (FLINTSTONES GUMMIES Equiv)	F	OTC
<b>PED MV W/ FLUORIDE - Drugs to treat vitamin deficiency</b>		
<i>pediatric multiple vitamins/fluoride chew tab</i> (POLY-VI-FLOR Equiv)	F	-
<i>pediatric multiple vitamins/fluoride soln</i> (VI-DAYLIN Equiv)	F	-
<b>PED MV W/ IRON - Drugs to treat vitamin and iron deficiency</b>		
<i>pediatric multivitamin w/iron chew tab</i>	F	OTC

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<i>pediatric multivitamin w/iron drops</i> (VI-DAYLIN Equiv)	F	
<b>PEDIATRIC MULTIPLE VITAMINS - Drugs to treat vitamin deficiency</b>		
<i>pediatric multivitamin w/vitamin c soln</i> (VI-DAYLIN Equiv)	F	OTC
<i>pediatric multivitamin w/vitamin C/iron chew tab</i> (ONE-A-DAY Equiv)	F	OTC
<b>PEDIATRIC VITAMINS - Drugs to treat vitamin deficiency</b>		
<i>pediatric multivitamin adc drops</i> (TRI-VI-SOL Equiv)	F	OTC
<b>PRENATAL VITAMINS - Drugs to treat and prevent vitamin deficiency</b>		
PRENATAL VITAMINS (PRENATAL PLUS, PREPLUS, PRENAPLUS) ( <i>prenatal vit w/ferrous fumarate-folic acid</i> )	F	OTC
PRENATAL VITAMINS (PRENATAL PLUS/PREPLUS/PRENAPLUS) ( <i>prenatal multivit-min w/fe-fa</i> )	F	OTC
<b>MUSCULOSKELETAL THERAPY AGENTS - Drugs to treat spasms</b>		
<b>CENTRAL MUSCLE RELAXANTS - Drugs to treat muscle spasms</b>		
<i>baclofen tab 10mg, 20mg 10MG, 20MG</i>	F	-
<i>carisoprodol tab 350mg 350MG</i> (SOMA Equiv)	F	QL QL=120 tabs/30 days
<i>chlorzoxazone tab 500mg 500MG</i> (PARAFON FORTE Equiv)	F	-
<i>cyclobenzaprine tab 10mg 10MG</i> (FLEXERIL Equiv)	F	-

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<i>cyclobenzaprine tab 5mg 5MG</i> (FLEXERIL Equiv)	F	-
<i>methocarbamol tab 500MG, 750MG</i> (ROBAXIN Equiv)	F	-
<i>tizanidine tab 2MG, 4MG</i> (ZANAFLEX Equiv)	F	-
<b>DIRECT MUSCLE RELAXANTS - Drugs to treat muscle spasms</b>		
<i>dantrolene cap 100MG, 25MG, 50MG</i> (DANTRIUM Equiv)	F	-
<b>NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the nose or sinus</b>		
<b>NASAL AGENTS - MISC. - Miscellaneous nasal agents</b>		
<i>saline nasal spray .002%-.65%, .65%</i> (OCEAN NASAL SPRAY Equiv)	F	OTC
<b>NASAL ANTIALLERGY - Drugs to treat cough, cold, and allergy symptoms</b>		
<i>azelastine nasal spray 0.1% .1%, 137MCG/SPRAY</i> (ASTELIN Equiv)	F	-
<i>cromolyn nasal spray 5.2MG/ACT</i> (NASALCROM Equiv)	F	OTC
<b>NASAL ANTICHOLINERGICS - Drugs to treat cough, cold, and allergy symptoms</b>		
<i>ipratropium nasal spray .03%, .06%</i> (ATROVENT Equiv)	F	-
<b>NASAL STEROIDS - Drugs to treat cough, cold, and allergy symptoms</b>		
<i>fluticasone nasal spray 50MCG/ACT</i> (FLONASE Equiv)	F	QL QL= 2 bottles/fill
<i>triamcinolone nasal spray 55MCG/ACT</i> (NASACORT AQ Equiv)	F	QL QL= 2 bottles/fill

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<i>triamcinolone otc nasal spray 55MCG/ACT</i> (NASACORT AQ Equiv)	F	OTC-QL QL= 2 bottles/fill
<b>SYMPATHOMIMETIC DECONGESTANTS - Drugs to treat sinus congestion</b>		
<i>oxymetazolin spray .05%</i> (AFRIN Equiv)	F	OTC Only covered for members age 2 years or older
<i>phenylephrine tab 10MG</i> (SUDAFED PE Equiv)	F	OTC Only covered for members age 2 years or older
<i>pseudoephedrine ER tab 120MG</i>	F	OTC-QL QL= 2 tabs/day; Covered for members age 2 years or older
<i>pseudoephedrine syrup 15MG/5ML</i> (SUDAFED Equiv)	F	OTC-QL QL= 1200ml/30 days; Covered for members age 2 years or older
<i>pseudoephedrine tab 30mg 30MG</i> (SUDAFED Equiv)	F	QL QL= 8 tabs/day; Covered for members age 2 years or older
<i>pseudoephedrine tab 60mg 60MG</i> (SUDAFED Equiv)	F	OTC-QL QL= 4 tabs/day; Covered for members age 2 years or older
<b>NEUROMUSCULAR AGENTS - Drugs to relax/paralyze muscles</b>		
<b>ALS AGENTS - Drugs to treat ALS</b>		
<i>riluzole tab 50MG</i> (RILUTEK Equiv)	F	-

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<b>NUTRIENTS - Drugs to treat nutrient disorders</b>		
<b>LIPIDS - Drugs to treat nutrient disorders</b>		
LIQUIGEN ( <i>medium chain triglycerides</i> )	F	PA
MCT OIL ( <i>medium chain triglycerides</i> )	F	OTC-PA
<b>MISC. NUTRITIONAL SUBSTANCES - Miscellaneous nutritional substances</b>		
CREATINE 5000 ( <i>creatine</i> )	F	PA
<i>omega-3 fatty acid cap</i> (FISH OIL Equiv)	F	OTC
<b>PROTEINS - Drugs to treat nutrient disorders</b>		
CITRULLINE ( <i>citrulline</i> )	F	PA
<i>levocarnitine tab</i>	F	OTC
<i>phlexy-10 tab</i> (DEQUASINE Equiv)	F	OTC-PA
<i>pro-stat liq</i>	F	OTC-PA
<b>OPHTHALMIC AGENTS - Drugs to treat eye conditions</b>		
<b>ARTIFICIAL TEARS AND LUBRICANTS - Drugs to treat dry eyes</b>		
<i>artificial tears oint .1%, .5%-2%-42.5%-55%, 2% -15%-83%</i> (REFRESH P.M. Equiv)	F	OTC
<i>artificial tears soln .3%-1%</i> (GENTEAL TEARS Equiv)	F	OTC
<b>BETA-BLOCKERS - OPTHALMIC - Drugs to treat glaucoma</b>		
<i>dorzolamide/timolol ophth soln .5%-2%, 5MG/ML-20MG/ML, 6.8MG/ML-22.3MG/ML</i> (COSOPT Equiv)	F	-
<i>levobunolol ophth soln .5%</i> (BETAGAN Equiv)	F	-
<i>timolol maleate ophth gel .25%, .5%</i> (TIMOPTIC-XE Equiv)	F	-

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<i>timolol maleate ophth soln .25%, .5%</i> (TIMOPTIC Equiv)	F	-
TIMOLOL OPHTH GEL SOLN .25%, .5% ( <i>timolol maleate (ophth)</i> )	F	-
<b>CYCLOPLEGIC MYDRIATICS - Drugs to treat eye conditions</b>		
<i>atropine ophth oint 1%</i>	F	-
ATROPINE OPHTH SOLN .01%, 1% (ISOPTO ATROPINE Equiv) ( <i>atropine sulfate (ophthalmic)</i> )	F	-
CYCLOMYDRIL OPHTH SOLN .2%-1% ( <i>cyclopentolate w/ phenylephrine</i> )	F	-
<i>cyclopentolate ophth soln .5%, 1%, 2%</i> (CYCLOGYL Equiv)	F	-
HOMATROPINE OPHTH SOLN 5% ( <i>homatropine hbr</i> )	F	-
ISOPTO HYOSCINE OPHTH SOLN ( <i>scopolamine hbr (ophth)</i> )	F	-
<i>phenylephrine ophth soln 10%, 2.5%</i> (MYDFRIN Equiv)	F	-
<i>tropicamide ophth soln .5%, 1%</i> (MYDRIACYL Equiv)	F	-
<b>MIOTICS - Drugs to treat eye conditions</b>		
ISOPTO CARBACHOL OPHTH SOLN ( <i>carbachol (ophth)</i> )	F	-
PHOSPHOLINE OPHTH SOLN .125% ( <i>echothiophate iodide</i> )	F	-

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<i>pilocarpine ophth soln 1%, 2%, 4%</i> (ISOPTO CARPINE Equiv)	F	-
<b>OPHTHALMIC ADRENERGIC AGENTS - Drugs to treat eye conditions</b>		
<i>apraclonidine ophth soln .5%</i> (IOPIDINE Equiv)	F	-
<i>brimonidine ophth soln 0.15% .15%</i> (ALPHAGAN P Equiv)	F	-
<i>brimonidine ophth soln 0.2% .2%</i> (ALPHAGAN P Equiv)	F	-
IOPIDINE OPHTH SOLN 1% 1% ( <i>apraclonidine hcl</i> )	F	-
SIMBRINZA OPHTH SUSP .2%-1% ( <i>brinzolamide-brimonidine tartrate</i> )	F	-
<b>OPHTHALMIC ANTI-INFECTIVES - Drugs to treat eye infections</b>		
AZASITE SOLN 1% ( <i>azithromycin (ophth)</i> )	F	-
BACITRACIN OPHTH OINT 500UNIT/GM ( <i>bacitracin (ophthalmic)</i> )	F	-
<i>bacitracin/neomycin/polymyxin b ophth oint 3.5MG/GM-400UNIT/GM-10000UNIT/GM, 5MG/GM-400UNIT/GM-10000UNIT/GM</i> (NEOSPORIN Equiv)	F	-
<i>bacitracin/polymyxin b ophth oint 500UNIT/GM-10000UNIT/GM</i> (POLYSPORIN Equiv)	F	-
<i>ciprofloxacin ophth soln .3%</i> (CILOXAN Equiv)	F	-
<i>erythromycin ophth oint 5MG/GM</i>	F	-

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GENTAK OPHTH OINT .3% ( <i>gentamicin sulfate (ophth)</i> )	F	-
<i>gentamicin ophth oint .3%</i> (GARAMYCIN Equiv)	F	-
<i>gentamicin ophth soln .3%</i> (GARAMYCIN Equiv)	F	-
<i>levofloxacin ophth soln .5%</i> (QUIXIN Equiv)	F	-
<i>moxifloxacin ophth soln .5%</i> (VIGAMOX Equiv)	F	-
NEOMYCIN/POLYMIXIN/GRAMICIDIN OPHTH SOLN .025MG/ML-1.75MG/ML-10000UNIT/ML ( <i>neomycin-polymyxin-gramicidin</i> )	F	-
<i>ofloxacin ophth soln .3%</i> (OCUFLOX Equiv)	F	-
<i>polymyxin b/trimethoprim ophth soln .1% -10000UNIT/ML</i> (POLYTRIM Equiv)	F	-
<i>sulfacetamide sodium ophth soln 10%</i> (BLEPH-10 Equiv)	F	-
<i>tobramycin ophth soln .3%</i> (TOBREX Equiv)	F	-
TRIFLURIDINE OPHTH SOLN 1% ( <i>trifluridine</i> )	F	-
ZIRGAN OPHTH GEL .15% ( <i>ganciclovir ophthalmic</i> )	F	-
<b>OPHTHALMIC DECONGESTANTS - Drugs to treat eye conditions</b>		
NAPHAZOLINE OPHTH SOLN ( <i>naphazoline hcl</i> )	F	-
<i>naphazoline/pheniramine ophth drops .025%-.3%, .027%-.315%</i> (NAPHCON-A Equiv)	F	OTC
<i>tetrahydrozoline ophth soln .05%</i> (VISINE Equiv)	F	OTC
<b>OPHTHALMIC IMMUNOMODULATORS - Drugs to treat dry eyes</b>		

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RESTASIS OPTH EMULSION .05% ( <i>cyclosporine ophth</i> )	F	RS Restricted to Ophthalmology or Optometry Specialist
<b>OPHTHALMIC LOCAL ANESTHETICS - Drugs for numbing</b>		
<i>proparacaine ophth soln .5%</i> (ALCAINE Equiv)	F	-
<b>OPHTHALMIC STEROIDS - Drugs to treat inflammation</b>		
<i>bacitracin/polymyxin/neomycin/hydrocortisone ophth oint .5%-1%-400UNIT/GM-10000UNIT/GM, 1% -3.5MG/GM-400UNIT/GM-10000UNIT/GM</i> (CORTISPORIN Equiv)	F	-
<i>dexamethasone ophth soln</i>	F	-
DUREZOL OPTH EMULSION .05% ( <i>difluprednate</i> )	F	-
<i>fluorometholone ophth soln</i> (FML LIQUIFILM Equiv)	F	-
MAXIDEX OPTH SOLN .1%, 9% ( <i>dexamethasone ophth</i> )	F	-
<i>neomycin/polymyxin/dexamethasone ophth oint .1% -3.5MG/GM-10000UNIT/GM</i> (MAXITROL Equiv)	F	-
<i>neomycin/polymyxin/dexamethasone ophth soln .1% -3.5MG/ML-10000UNIT/ML</i> (MAXITROL Equiv)	F	-
NEOMYCIN/POLYMYXIN/HYDROCORTISONE OPTH SOLN 1%-3.5MG/ML-10000UNIT/ML ( <i>neomycin-polymyxin-hc ophth</i> )	F	-
PRED MILD OPTH SOLN .12% ( <i>prednisolone acetate ophth</i> )	F	-

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PRED-G OPHTH SOLN .3%-1% <i>(gentamicin-prednisolone acetate)</i>	F	-
PREDNISOLONE OPHTH SUSP 1% <i>(prednisolone acetate (ophth))</i>	F	-
PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN 1% <i>(prednisolone sodium phosphate (ophth))</i>	F	-
PREDNISOLONE/SULFACETAMIDE OPHTH SOLN .23%-10% <i>(sulfacetamide sod-prednisolone)</i>	F	-
<i>sulfacetamide sodium/prednisolone ophth soln .23%-10%</i> (VASOCIDIN Equiv)	F	-
TOBRADEX OPHTH OINT .1%-.3% <i>(tobramycin-dexamethasone)</i>	F	-
<i>tobramycin/dexamethasone ophth soln .1%-.3%</i> (TOBRADEX Equiv)	F	-
VEXOL OPHTH SUSP 1% <i>(rimexolone)</i>	F	-
ZYLET OPHTH SUSP .3%-.5% <i>(loteprednol etabonate-tobramycin)</i>	F	QL QL= 5ml/fill (10ml bottle is Not Covered)
<b>OPHTHALMICS - MISC. - Miscellaneous eye agents</b>		
ALOMIDE OPHTH SOLN .1% <i>(lodoxamide tromethamine)</i>	F	-
<i>azelastine ophth soln .05%</i> (OPTIVAR Equiv)	F	-
<i>bromfenac ophth soln .09%</i> (BROMDAY Equiv)	F	-

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BROMFENAC OPHTH SOLN 0.09% (TWICE DAILY) .09% ( <i>bromfenac sodium (ophth)</i> )	F	-
<i>cromolyn ophth soln 4%</i> (CROLOM Equiv)	F	-
CYSTARAN OPHTH SOLN .44% ( <i>cysteamine hcl</i> )	F	LD-PA-QL QL= 4 bottles/30 days; Only available through Walgreens 888-347-3416
<i>diclofenac sodium ophth soln .1%</i> (VOLTAREN Equiv)	F	-
<i>dorzolamide ophth soln 2%</i> (TRUSOPT Equiv)	F	-
FLURBIPROFEN OPHTH SOLN .03% (OCUFEN Equiv) ( <i>flurbiprofen sodium</i> )	F	-
ILEVRO OPHTH SUSP .3% ( <i>nepafenac</i> )	F	-
<i>ketorolac ophth soln .4%, .5%</i> (ACULAR (LS) Equiv)	F	-
<i>ketotifen ophth soln .025%</i> (ZADITOR Equiv)	F	OTC
NEVANAC OPHTH SUSP .1% ( <i>nepafenac</i> )	F	-
<i>olopatadine ophth soln 0.1% .1%</i> (PATANOL Equiv)	F	-
<i>olopatadine ophth soln 0.2% .2%</i> (PATANOL Equiv)	F	QL QL=2.5ml/30 days
PROLENSA OPHTH SOLN ( <i>bromfenac sodium (ophth)</i> )	F	-
<i>sodium chloride ophth oint 5%</i> (MURO 128 Equiv)	F	OTC
<i>sodium chloride ophth soln 5%</i> (MURO 128 Equiv)	F	OTC
<b>PROSTAGLANDINS - OPHTHALMIC - Drugs to treat glaucoma</b>		
<i>latanoprost ophth soln .005%</i> (XALATAN Equiv)	F	QL QL= 2.5ml/30 days

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<b>OTIC AGENTS - Drugs to treat ear infection</b>		
<b>OTIC AGENTS - MISCELLANEOUS - Miscellaneous ear agents</b>		
<i>acetic acid otic soln 2%</i> (VOSOL Equiv)	F	-
<i>carbamide peroxide otic drop 6.5%</i> (DEBROX Equiv)	F	OTC
<b>OTIC ANTI-INFECTIVES - Drugs to treat ear infections</b>		
CIPROFLOXACIN OTIC SOLN .2% ( <i>ciprofloxacin hcl (otic)</i> )	F	-
<b>OTIC COMBINATIONS - Drugs to treat ear conditions</b>		
CIPRODEX OTIC SUSP .1%-.3% ( <i>ciprofloxacin-dexamethasone</i> )	F	-
COLY-MYCIN S OTIC SUSP .5MG/ML-3MG/ML-3.3MG/ML-10MG/ML ( <i>neomycin-colistin-hc-thonzonium</i> )	F	-
<i>neomycin/polymixin/hydrocortisone otic soln 1% -3.5MG/ML-10000UNIT/ML</i> (CORTISPORIN Equiv)	F	-
<i>neomycin/polymixin/hydrocortisone otic susp 1% -3.5MG/ML-10000UNIT/ML</i> (CORTISPORIN Equiv)	F	-
<b>OTIC STEROIDS - Drugs to treat ear swelling</b>		
<i>acetic acid/hydrocortisone otic soln 1%-2%</i> (VOSOL HC Equiv)	F	-
<i>fluocinolone otic oil .01%</i> (DERMOTIC Equiv)	F	-
<b>OXYTOCICS - Drugs to prevent/control uterine bleeding</b>		
<b>OXYTOCICS - Drugs to prevent/control uterine bleeding</b>		

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<i>methylergonovine tab .2MG</i> (METHERGINE Equiv)	F	QL QL= 28 tabs/fill, 1 fill/365 days
<b>PASSIVE IMMUNIZING AGENTS - Antibody drugs to treat low immune system</b>		
<b>IMMUNE SERUMS - Antibody drugs to treat low immune system</b>		
HIZENTRA INJ 10GM/50ML, 1GM/5ML, 2GM/10ML, 4GM/20ML ( <i>immune globulin (human) subcutaneous</i> )	F	KMSP-PA
RHOGAM PLUS INJ 1500UNIT, 1500UNIT/2ML, 250UNIT ( <i>rho d immune globulin (human)</i> )	F	KMSP-PA
WINRHO SDF INJ 15000UNIT/13ML, 1500UNIT/1.3ML, 2500UNIT/2.2ML, 5000UNIT/4.4ML ( <i>rho d immune globulin (human)</i> )	F	KMSP-PA
<b>PASSIVE IMMUNIZING AGENTS - COMBINATIONS - Drugs to treat immune deficiency</b>		
HYQVIA INJ 10GM/100ML-800UNIT/5ML, 2.5GM/25ML-200UNT/1.25ML, 20GM/200ML-1600UNIT/10ML, 30GM/300ML-2400UNIT/15ML, 5GM/50ML-400UNIT/2.5ML ( <i>immune globulin (human)-hyaluronidase (human recombinant)</i> )	F	KMSP-PA
<b>PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody drugs to treat low immune system</b>		
<b>IMMUNE SERUMS - Antibody drugs to treat low immune system</b>		
HIZENTRA INJ 10GM/50ML, 1GM/5ML, 2GM/10ML, 4GM/20ML ( <i>immune globulin (human) subcutaneous</i> )	F	KMSP-PA

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XEMBIFY INJ 10GM/50ML, 1GM/5ML, 2GM/10ML, 4GM/20ML ( <i>immune globulin (human)-klhw</i> )	F	LD-PA Only available through CVS Specialty 800-237-2767
<b>PENICILLINS - Drugs to treat bacterial infections</b>		
<b>AMINOPENICILLINS - Drugs to treat infections</b>		
<i>amoxicillin cap 250MG, 500MG</i> (TRIMOX Equiv)	F	-
AMOXICILLIN CHEW TAB 125MG, 250MG ( <i>amoxicillin</i> )	F	-
<i>amoxicillin susp 125MG/5ML, 200MG/5ML, 250MG/5ML, 400MG/5ML</i> (TRIMOX Equiv)	F	-
<i>amoxicillin tab 500MG, 875MG</i> (AMOXIL Equiv)	F	-
<i>ampicillin cap 250MG, 500MG</i> (PRINCIPEN Equiv)	F	-
<i>ampicillin susp 125MG/5ML, 250MG/5ML</i> (PRINCIPEN Equiv)	F	-
<b>NATURAL PENICILLINS - Drugs to treat bacterial infections</b>		
PENICILLIN VK SOLN 125MG/5ML, 250MG/5ML (VEETIDS Equiv) ( <i>penicillin v potassium</i> )	F	-
<i>penicillin vk tab 250MG, 500MG</i> (VEETIDS Equiv)	F	-
<b>PENICILLIN COMBINATIONS - Drugs to treat bacterial infections</b>		
<i>amoxicillin/clavulanate chew tab</i> (AUGMENTIN Equiv)	F	-

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<i>amoxicillin/clavulanate susp 28.5MG/5ML-200MG/5ML, 42.9MG/5ML-600MG/5ML, 57MG/5ML-400MG/5ML, 62.5MG/5ML-250MG/5ML</i> (AUGMENTIN ES Equiv)	F	-
<i>amoxicillin/clavulanate tab 500-125, 875-125 125MG-500MG, 125MG-875MG</i> (AUGMENTIN Equiv)	F	-
<b>PENICILLINASE-RESISTANT PENICILLINS - Drugs to treat bacterial infections</b>		
<i>dicloxacillin cap 250MG, 500MG</i> (DYNAPEN Equiv)	F	-
<b>PHARMACEUTICAL ADJUVANTS - Drugs to enhance primary drug effects</b>		
<b>SEMI SOLID VEHICLES - Miscellaneous compounding ingredients</b>		
<i>POLYETHYLENE GLYCOL 8000 GRANULES (polyethylene glycol 8000)</i>	F	-
<b>PROGESTINS - Drugs to replace female hormones</b>		
<b>PROGESTINS - Drugs used for contraception</b>		
<i>hydroxyprogesterone inj 250MG/ML</i> (MAKENA Equiv)	F	LMSP-PA
<i>medroxyprogesterone tab 10MG, 2.5MG, 5MG</i> (PROVERA Equiv)	F	-
<i>norethindrone tab 5MG</i> (AYGESTIN Equiv)	F	-
<i>progesterone cap 100MG, 200MG</i> (PROMETRIUM Equiv)	F	-

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<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to treat mental and emotional conditions</b>		
<b>AGENTS FOR CHEMICAL DEPENDENCY - Drugs to treat chemical dependency</b>		
<i>acamprosate calcium DR tab 333MG</i> (CAMPRAL Equiv)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
ANTABUSE TAB 250MG, 500MG ( <i>disulfiram</i> )	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
CAMPRAL TAB ( <i>acamprosate calcium</i> )	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
<i>disulfiram tab 250MG, 500MG</i> (ANTABUSE Equiv)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
LUCEMYRA TAB .18MG ( <i>lofexidine hcl</i> )	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
<b>ANTI-CATAPLECTIC AGENTS - Drugs to treat sleep disorders</b>		
XYREM SOLN 500MG/ML ( <i>sodium oxybate</i> )	F	LD-PA-QL QL= 540ml/30 days; Only available through Xyrem Central Pharmacy 866-997-3688
<b>ANTIDEMENTIA AGENTS - Drugs to treat dementia and memory loss</b>		
<i>donepezil ODT 10MG, 5MG</i> (ARICEPT Equiv)	F	QL QL= 1 tab/day
<i>donepezil tab 10MG, 5MG</i> (ARICEPT Equiv)	F	QL QL= 2 tabs/day

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<i>donepezil tab 23mg 23MG</i> (ARICEPT Equiv)	F	QL-ST QL= 1 tab/day; Step Therapy requires trial of donepezil 10mg
<i>galantamine ER cap 16MG, 24MG, 8MG</i> (RAZADYNE ER Equiv)	F	-
<i>galantamine tab 12MG, 4MG, 8MG</i> (RAZADYNE Equiv)	F	-
<i>memantine er cap 14MG, 21MG, 28MG, 7MG</i> (NAMENDA XR Equiv)	F	ST Step Therapy requires trial of memantine tab
<i>memantine soln 10MG/5ML, 2MG/ML</i> (NAMENDA Equiv)	F	-
<i>memantine tab 10MG, 5MG</i> (NAMENDA Equiv)	F	-
<i>rivastigmine cap 1.5MG, 3MG, 4.5MG, 6MG</i> (EXELON Equiv)	F	-
<i>rivastigmine patch 13.3MG/24HR, 4.6MG/24HR, 9.5MG/24HR</i> (EXELON Equiv)	F	ST Step Therapy requires trial of rivastigmine cap
<b>COMBINATION PSYCHOTHERAPEUTICS - Drugs to treat psychoses</b>		
CHLORDIAZEPOXIDE/AMITRIPTYLINE TAB 10MG-25MG, 5MG-12.5MG ( <i>chlordiazepoxide-amitriptyline</i> )	F	-

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<i>olanzapine/fluoxetine cap 12MG-25MG, 12MG-50MG, 3MG-25MG, 6MG-25MG, 6MG-50MG</i> (SYMBYAX Equiv)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
PERPHENAZINE/AMITRIPTYLINE TAB 2MG-10MG, 2MG-25MG, 4MG-10MG, 4MG-25MG, 4MG-50MG ( <i>perphenazine-amitriptyline</i> )	F	-
SYMBYAX CAP 12MG-25MG, 12MG-50MG, 3MG-25MG, 6MG-25MG, 6MG-50MG ( <i>olanzapine-fluoxetine hcl</i> )	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
<b>FIBROMYALGIA AGENTS - Drugs to treat widespread muscle pain</b>		
SAVELLA PAK ( <i>milnacipran hcl</i> )	F	-
SAVELLA TAB 100MG, 12.5MG, 25MG, 50MG ( <i>milnacipran hcl</i> )	F	QL QL= 2 tabs/day
<b>MOVEMENT DISORDER DRUG THERAPY - Drugs to treat movement disorders</b>		
INGREZZA CAP 40MG, 80MG ( <i>valbenazine tosylate</i> )	F	LD-PA-QL QL=1 cap/day; Only available through Garfield Pharmacy (323-295-5585)
<i>tetrabenazine tab 12.5MG, 25MG</i> (XENAZINE Equiv)	F	LMSP-PA
<b>MULTIPLE SCLEROSIS AGENTS - Drugs to treat multiple sclerosis (MS)</b>		
AUBAGIO TAB 14MG, 7MG ( <i>teriflunomide</i> )	F	LMSP
AVONEX INJ 30MCG/0.5ML ( <i>interferon beta-1a</i> )	F	LMSP
<i>dalfampridine ER tab 10MG</i> (AMPYRA Equiv)	F	LMSP-PA-QL QL= 2 tabs/day
EXTAVIA INJ .3MG ( <i>interferon beta-1b</i> )	F	LMSP

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GILENYA CAP .25MG, .5MG ( <i>fingolimod hcl</i> )	F	LMSP-QL QL=30 cap/30 days
<i>glatopa inj, glatiramer inj 20MG/ML, 40MG/ML</i> (COPAXONE Equiv)	F	LMSP
MAYZENT TAB .25MG, 2MG ( <i>siponimod fumarate</i> )	F	LMSP
MAYZENT TAB STARTER PACK .25MG ( <i>siponimod fumarate</i> )	F	LMSP
PLEGRIDY INJ 125MCG/0.5ML ( <i>peginterferon beta-1a</i> )	F	LMSP
PLEGRIDY PEN INJ 125MCG/0.5ML ( <i>peginterferon beta-1a</i> )	F	LMSP
TECFIDERA CAP 120MG, 240MG ( <i>dimethyl fumarate</i> )	F	LMSP
TECFIDERA STARTER PACK ( <i>dimethyl fumarate</i> )	F	LMSP
<b>PSEUDOBULBAR AFFECT (PBA) AGENTS - Drugs to treat nervous system disorders</b>		
NUEDEXTA CAP 10MG-20MG ( <i>dextromethorphan hbr-quinidine sulfate</i> )	F	PA-QL QL= 2 caps/day
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Miscellaneous psychotherapeutic and neurological drugs</b>		
ORAP TAB 1MG, 2MG ( <i>pimozide</i> )	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
PIMOZIDE TAB 1MG, 2MG ( <i>pimozide</i> )	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
<b>SMOKING DETERRENENTS - Drugs to treat smoking urges</b>		

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<i>bupropion SR tab</i> (ZYBAN Equiv)	F	
CHANTIX PAK ( <i>varenicline tartrate</i> )	F	QL-SMKG Limited to 168 days/plan year
CHANTIX TAB .5MG, 1MG ( <i>varenicline tartrate</i> )	F	QL-SMKG Limited to 168 days/plan year
<i>nicotine gum 2MG, 4MG</i> (NICORETTE Equiv)	F	OTC-QL-SMKG Limited to 180 days/plan year
NICOTINE KIT ( <i>nicotine</i> )	F	OTC-QL-SMKG Limited to 182 days/plan year
<i>nicotine lozenge 2MG, 4MG</i> (COMMIT Equiv)	F	OTC-QL-SMKG Limited to 180 days/plan year
<i>nicotine patch 14MG/24HR, 21MG/24HR, 7MG/24HR</i> (NICODERM Equiv)	F	OTC-QL-SMKG Limited to 182 days/plan year
NICOTROL INHALER 10MG ( <i>nicotine</i> )	F	QL-SMKG Limited to 180 days/plan year
NICOTROL NASAL SPRAY 10MG/ML ( <i>nicotine</i> )	F	QL-SMKG Limited to 180 days/plan year
<b>TRANSTHYRETIN AMYLOIDOSIS AGENTS - Drugs to treat nerve problems associated with transthyretin amyloidosis</b>		
TEGSEDI INJ 284MG/1.5ML ( <i>inotersen sodium</i> )	F	LD-PA-QL QL=4 inj/28 days; Only available through Accredo 888-773-7376
<b>RESPIRATORY AGENTS - MISC. - Drugs to treat lung conditions</b>		
<b>CYSTIC FIBROSIS AGENTS - Drugs to treat cystic fibrosis conditions</b>		

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KALYDECO PAK 25MG, 50MG, 75MG ( <i>ivacaftor</i> )	F	KMSP-PA-QL-SF QL= 2 packets/day
KALYDECO TAB 150MG ( <i>ivacaftor</i> )	F	KMSP-PA-QL-SF QL= 2 tabs/day
ORKAMBI GRANULES PACKET 100MG-125MG, 150MG-188MG ( <i>lumacaftor-ivacaftor</i> )	F	KMSP-PA-QL-SF QL=2 packets/day
ORKAMBI TAB 100MG-125MG, 125MG-200MG ( <i>lumacaftor-ivacaftor</i> )	F	KMSP-PA-QL-SF QL= 4 tabs/day
PULMOZYME INH SOLN 1MG/ML ( <i>dornase alfa</i> )	F	LMSP
SYMDEKO TAB 100MG-150MG, 50MG-75MG ( <i>tezacaftor-ivacaftor</i> )	F	KMSP-PA-QL-SF QL= 2 tabs/day
TRIKAFTA TAB 50MG-100MG ( <i>elxacaftor-tezacaftor-ivacaftor</i> )	F	KMSP-PA-QL QL=84 tabs/28 days
<b>PULMONARY FIBROSIS AGENTS - Drugs to treat pulmonary fibrosis</b>		
ESBRIET CAP 267MG ( <i>pirfenidone</i> )	F	MSP-PA-QL-SF QL= 9 tabs/day
ESBRIET TAB 267MG 267MG ( <i>pirfenidone</i> )	F	MSP-PA-QL-SF QL= 9 tabs/day
ESBRIET TAB 801MG 801MG ( <i>pirfenidone</i> )	F	MSP-PA-QL-SF QL= 3 tabs/day
OFEV CAP 100MG, 150MG ( <i>nintedanib esylate</i> )	F	LD-PA-QL-SF QL= 2 tabs/day; Only available through Walgreens 888-347-3416
<b>SULFONAMIDES - Drugs to treat bacterial infections</b>		

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<b>SULFONAMIDES - Drugs to treat infection</b>		
SULFADIAZINE TAB 500MG ( <i>sulfadiazine</i> )	F	-
<b>TETRACYCLINES - Drugs to treat bacterial infections</b>		
<b>TETRACYCLINES - Drugs to treat infections</b>		
<i>doxycycline hyclate cap 100MG, 50MG</i> (VIBRAMYCIN Equiv)	F	-
<i>doxycycline hyclate tab 100MG, 20MG</i> (VIBRATAB Equiv)	F	-
<i>doxycycline monohydrate cap 100mg 100MG</i> (MONODOX Equiv)	F	-
<i>doxycycline monohydrate cap 50mg 50MG</i> (MONODOX Equiv)	F	-
<i>doxycycline monohydrate tab 100MG, 50MG, 75MG</i> (ADOXA Equiv)	F	-
<i>doxycycline susp 25MG/5ML</i> (VIBRAMYCIN Equiv)	F	-
<i>minocycline cap 100MG, 50MG, 75MG</i> (MINOCIN Equiv)	F	-
<i>minocycline tab 100MG, 50MG, 75MG</i> (DYNACIN Equiv)	F	-
<b>THYROID AGENTS - Drugs to regulate thyroid hormones</b>		
<b>ANTITHYROID AGENTS - Drugs to treat high thyroid level</b>		
<i>methimazole tab</i> (TAPAZOLE Equiv)	F	-
<i>propylthiouracil tab 50MG</i>	F	-
<b>THYROID HORMONES - Drugs to regulate thyroid hormones</b>		

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ARMOUR THYROID TAB, NATURE THROID TAB 113.75MG, 130MG, 146.25MG, 16.25MG, 162.5MG, 180MG, 195MG, 240MG, 260MG, 300MG, 32.5MG, 325MG, 48.75MG, 65MG, 81.25MG, 97.5MG ( <i>thyroid</i> )	F	-
<i>levothyroxine tab</i> (SYNTHROID Equiv)	F	-
<i>liothyronine tab 25MCG, 50MCG, 5MCG</i> (CYTOMEL Equiv)	F	-
<i>np thyroid tab 120MG, 15MG, 30MG, 60MG, 90MG</i> (ARMOUR THYROID, NATURE THROID Equiv)	F	-
THYROLAR TAB 120MG, 15MG, 180MG, 30MG, 60MG ( <i>liotrix (t3-t4)</i> )	F	-
<b>TOXOIDS - Drugs to prevent infection</b>		
<b>TOXOID COMBINATIONS - Drugs to prevent infection</b>		
ADACEL INJ, BOOSTRIX INJ 2.5LF/0.5ML-5LF/0.5ML-18.5MCG/0.5ML, 2LF/0.5ML-5LF/0.5ML-15.5MCG/0.5ML ( <i>tetanus toxoid-diphtheria-acellular pertussis adsorb (tdap)</i> )	F	VAC
TETANUS/DIPHTHERIA TOXOID INJ 2LF/0.5ML ( <i>tetanus-diphtheria toxoids (td)</i> )	F	VAC
<b>ULCER DRUGS - Drugs to treat bowel, intestine, and stomach conditions</b>		
<b>ANTISPASMODICS - Drugs to treat diarrhea</b>		
<i>dicyclomine cap 10MG</i> (BENTYL Equiv)	F	-
<i>dicyclomine soln 10MG/5ML</i> (BENTYL Equiv)	F	-

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<i>dicyclomine tab 20MG</i> (BENTYL Equiv)	F	-
<i>glycopyrrolate tab 1MG, 2MG</i> (ROBINUL Equiv)	F	-
<i>hyoscyamine sulfate CR tab .375MG</i> (LEVVID Equiv)	F	-
<i>hyoscyamine sulfate elixir .125MG/5ML</i> (LEVSIN Equiv)	F	-
<i>hyoscyamine sulfate ODT .125MG</i> (ANASPAZ Equiv)	F	-
<i>hyoscyamine sulfate SL tab .125MG</i> (LEVSIN Equiv)	F	-
<i>hyoscyamine sulfate soln .125MG/ML</i> (LEVSIN Equiv)	F	-
<i>hyoscyamine tab .125MG</i> (LEVSIN Equiv)	F	-
PROPANTHELINE TAB 15MG ( <i>propantheline bromide</i> )	F	-
<b>H-2 ANTAGONISTS - Drugs to treat bowel, intestine, and stomach conditions</b>		
<i>famotidine susp 40MG/5ML</i> (PEPCID Equiv)	F	-
<i>famotidine tab 10MG</i> (PEPCID AC Equiv)	F	--OTC
<b>MISC. ANTI-ULCER - Miscellaneous anti-ulcer drugs</b>		
<i>sucralfate tab 1GM</i> (CARAFATE Equiv)	F	-
<b>PROTON PUMP INHIBITORS - Drugs to treat acid reflux</b>		
FIRST OMEPRAZOLE SUSP 2MG/ML ( <i>omeprazole</i> )	F	-
<i>lansoprazole DR cap 15MG, 30MG</i> (PREVACID Equiv)	F	-
LANSOPRAZOLE SUSP 3MG/ML ( <i>lansoprazole</i> )	F	-
<i>omeprazole cap 20.6MG, 20MG</i>	F	OTC
<i>omeprazole DR cap 10mg 10MG</i> (PRILOSEC Equiv)	F	-
<i>omeprazole DR cap 20mg 20MG</i> (PRILOSEC Equiv)	F	-

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<i>omeprazole DR cap 40mg 40MG</i> (PRILOSEC Equiv)	F	-
<i>pantoprazole EC tab 20MG, 40MG</i> (PROTONIX Equiv)	F	-
PREVACID DR CAP OTC 15MG, 30MG ( <i>lansoprazole</i> )	F	OTC-ST Step Therapy requires trial of lansoprazole and pantoprazole
<b>ULCER DRUGS - PROSTAGLANDINS - Drugs to treat bowel, intestine, and stomach conditions</b>		
<i>misoprostol tab 100MCG, 200MCG</i> (CYTOTEC Equiv)	F	-
<b>ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS - Drugs to treat ulcers</b>		
<b>H-2 ANTAGONISTS - Drugs to treat bowel, intestine, and stomach conditions</b>		
NIZATIDINE CAP 150MG ( <i>nizatidine</i> )	F	-
<b>MISC. ANTI-ULCER - Miscellaneous anti-ulcer drugs</b>		
<i>sucralfate susp 1GM/10ML</i> (SUCRALFATE Equiv)	F	-
<b>URINARY ANTI-INFECTIVES - Drugs to treat bladder/kidney infections</b>		
<b>URINARY ANTI-INFECTIVES - Drugs to treat bladder/kidney infections</b>		
<i>methenamine hippurate tab 1GM</i> (HIPREX Equiv)	F	-
<i>nitrofurantoin macrocrystals cap 100MG, 50MG</i> (MACRODANTIN Equiv)	F	-
<i>nitrofurantoin monohydrate cap 100MG</i> (MACROBID Equiv)	F	-
<b>URINARY ANTISPASMODICS - Drugs to treat miscellaneous bladder spasms</b>		
<b>URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC) - Drugs to treat miscellaneous bladder spasms</b>		

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<i>oxybutynin ER tab 10MG, 15MG, 5MG</i> (DITROPAN XL Equiv)	F	-
<i>oxybutynin syrup 5MG/5ML</i>	F	-
<i>oxybutynin tab 5MG</i> (DITROPAN Equiv)	F	-
<i>tolterodine SR cap 2MG, 4MG</i> (DETROL LA Equiv)	F	-
<i>tolterodine tab 1MG, 2MG</i> (DETROL Equiv)	F	-
<b>URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS - Drugs to treat urinary retention</b>		
<i>bethanechol tab 10MG, 25MG, 50MG, 5MG</i> (URECHOLINE Equiv)	F	-
<b>VACCINES - Drugs to prevent infection</b>		
<b>BACTERIAL VACCINES - Drugs to prevent infection</b>		
BEXSERO INJ ( <i>meningococcal vac group b (recombant omv adjuvanted)</i> )	F	VAC
MENACTRA INJ ( <i>meningococcal (a,c,y&amp;w-135) polysaccharide conjugate vaccine</i> )	F	VAC
MENHIBRIX INJ 2.5MCG-5MCG ( <i>meningococcal (c &amp; y)-haemophilus b tetanus tox conj vaccine</i> )	F	VAC
MENVEO INJ ( <i>meningococcal (a,c,y&amp;w-135) oligosaccharide conjugate vac</i> )	F	VAC
PNEUMOVAX INJ 25MCG/0.5ML ( <i>pneumococcal vac polyvalent</i> )	F	VAC

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PREVNAR 13 INJ ( <i>pneumococcal 13-valent conjugate vaccine</i> )	F	
TRUMENBA INJ ( <i>meningococcal group b vaccine (recombinant)</i> )	F	VAC
VAXCHORA SUSP ( <i>cholera vaccine live attenuated</i> )	F	VAC
VIVOTIF CAP ( <i>typhoid vaccine</i> )	F	QL-VAC QL= 4 caps/fill
<b>VIRAL VACCINES - Drugs to prevent infection</b>		
AFLURIA INJ ( <i>influenza virus vaccine split preservative free</i> )	F	VAC
AFLURIA INJ, FLUZONE INJ ( <i>influenza virus vaccine split</i> )	F	VAC
ENGERIX-B INJ 10MCG/0.5ML, 20MCG/ML ( <i>hepatitis b vaccine (recomb)</i> )	F	VAC
ENGERIX-B INJ, RECOMBIVAX-HB INJ 10MCG/0.5ML, 10MCG/ML, 20MCG/ML, 40MCG/ML, 5MCG/0.5ML ( <i>hepatitis b vaccine (recomb)</i> )	F	VAC
FLUAD INJ ( <i>influenza virus vaccine types a &amp; b surface antigen adjuvant</i> )	F	VAC
FLUAD QUAD INJ .5ML ( <i>influenza virus vacc types a &amp; b surf antigen adjuvant quad</i> )	F	VAC
FLUARIX QUAD INJ, FLUZONE QUAD INJ ( <i>influenza virus vaccine split quadrivalent</i> )	F	VAC

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FLUBLOK INJ ( <i>influenza virus vaccine recombinant hemagglutinin (ha)</i> )	F	
FLUBLOK QUAD INJ ( <i>influenza virus vac recomb hemagglutinin (ha) quadrivalent</i> )	F	VAC
FLUCELVAX QUAD INJ ( <i>influenza virus vaccine tissue-cultured subunit quadrivalent</i> )	F	VAC
FLULAVAL QUAD INJ, FLUZONE QUAD INJ ( <i>influenza virus vaccine split quadrivalent</i> )	F	VAC
FLUMIST QUADRIVALENT NASAL SUSP ( <i>influenza virus vaccine live quadrivalent</i> )	F	VAC
FLUVIRIN INJ ( <i>influenza virus vaccine types a &amp; b surface antigen</i> )	F	VAC
FLUZONE HD PF INJ ( <i>influenza virus vac split high-dose quad preservative free</i> )	F	VAC
FLUZONE HIGH DOSE PF INJ ( <i>influenza virus vaccine split high-dose preservative free</i> )	F	VAC
GARDASIL 9 INJ ( <i>human papillomavirus (hvp) 9-valent recombinant vaccine</i> )	F	VAC
GARDASIL INJ ( <i>human papillomavirus (hvp) quadrivalent recombinant vaccine</i> )	F	VAC
HAVRIX INJ, VAQTA INJ 1440ELU/ML, 25UNIT/0.5ML, 50UNIT/ML, 720ELU/0.5ML ( <i>hepatitis a vaccine</i> )	F	VAC

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HEPLISAV-B INJ 20MCG/0.5ML ( <i>hepatitis b vaccine recombinant adjuvanted</i> )	F	VAC
IMOVAX RABIES INJ 2.5UNIT/ML ( <i>rabies virus vaccine, hdc</i> )	F	VAC
M-M-R II INJ ( <i>measles, mumps &amp; rubella virus vaccines</i> )	F	VAC
SHINGRIX INJ 50MCG/0.5ML ( <i>zoster vaccine recombinant adjuvanted</i> )	F	VAC Covered for members age 50 years or older, Not covered if member less than 50 years.
TWINRIX INJ 20MCG/ML-720ELU/ML ( <i>hepatitis a (inactivated)-hepatitis b (recombinant) vaccines</i> )	F	VAC
VARIVAX INJ 1350PFU/0.5ML ( <i>varicella virus vaccine live</i> )	F	VAC
ZOSTAVAX INJ 19400UNT/0.65ML ( <i>zoster vaccine live</i> )	F	VAC Covered for members age 50 years or older, Not covered if member less than 50 years.
<b>VAGINAL PRODUCTS - Drugs to treat vaginal infections and low hormones</b>		
<b>SPERMICIDES - Drugs to prevent pregnancy</b>		
CONCEPTROL GEL 4% ( <i>nonoxynol-9</i> )	F	OTC
CONTRACEPTIVE FILM 28% ( <i>nonoxynol-9</i> )	F	OTC
CONTRACEPTIVE FOAM 12.5% ( <i>nonoxynol-9</i> )	F	OTC
CONTRACEPTIVE GEL 2%, 3% ( <i>nonoxynol-9</i> )	F	OTC

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CONTRACEPTIVE SUPP 100MG ( <i>nonoxynol-9</i> )	F	OTC
TODAY SPONGE 1000MG ( <i>nonoxynol-9</i> )	F	OTC
<i>vcf vaginal gel 4%</i> (CONCEPTROL Equiv)	F	OTC
<b>VAGINAL ANTI-INFECTIVES - Drugs to treat vaginal infections</b>		
AVC VAGINAL CREAM 15% ( <i>sulfanilamide vaginal</i> )	F	-
<i>clindamycin vaginal cream 2%</i> (CLEOCIN Equiv)	F	-
<i>clotrimazole vaginal cream 1%, 2%</i> (MYCELEX-7 Equiv)	F	OTC
<i>metronidazole vaginal gel .75%</i> (METROGEL Equiv)	F	-
<b>MICONAZOLE 3 SUPP 200MG 100MG</b> (MONISTAT Equiv)	F	OTC
<i>miconazole vaginal cream 2%, 4%</i> (MONISTAT 7 Equiv)	F	OTC
MICONAZOLE VAGINAL KIT ( <i>miconazole nitrate vaginal &amp; wipes</i> )	F	OTC
<i>terconazole cream .4%, .8%</i> (TERAZOL Equiv)	F	-
<i>terconazole supp 80MG</i> (TERAZOL Equiv)	F	-
TERCONAZOLE VAGINAL CREAM .8% ( <i>terconazole vaginal</i> )	F	-
<i>tioconazole vaginal oint 6.5%</i> (VAGISTAT-1 Equiv)	F	OTC
<b>VAGINAL ESTROGENS - Drugs to treat low hormones</b>		
<i>estradiol vaginal cream .1MG/GM</i> (ESTRACE Equiv)	F	-
<b>VAGINAL PROGESTINS - Drugs to treat low hormones</b>		
CRINONE GEL 4%, 8% ( <i>progesterone (vaginal)</i> )	F	PA

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ENDOMETRIN INSERT 100MG ( <i>progesterone (vaginal)</i> )	F	PA
<b>VASOPRESSORS - Drugs to treat heart and circulation conditions</b>		
<b>ANAPHYLAXIS THERAPY AGENTS - Drugs to treat systemic swelling conditions</b>		
<i>epinephrine inj .15MG/0.3ML, .3MG/0.3ML</i> (EPIPEN Equiv)	F	QL QL= 2 inj/fill
EPINEPHRINE INJ 0.15MG .15MG/0.15ML ( <i>epinephrine (anaphylaxis)</i> )	F	QL QL=2 inj/fill
<i>epinephrine inj 0.15mg (2 pack) .15MG/0.3ML</i> (EPIPEN-JR Equiv)	F	QL QL= 2 inj/fill
EPINEPHRINE INJ 0.3MG .3MG/0.3ML ( <i>epinephrine (anaphylaxis)</i> )	F	QL QL=2 inj/fill
SYMJEPI INJ .15MG/0.3ML, .3MG/0.3ML ( <i>epinephrine (anaphylaxis)</i> )	F	QL QL= 2 inj/fill
<b>VIRAL VACCINES - Drugs to prevent infection</b>		
<i>midodrine tab</i> (PROAMATINE Equiv)	F	-
<b>VITAMINS - Drugs to treat vitamin deficiency</b>		
<b>OIL SOLUBLE VITAMINS - Drugs to treat vitamin deficiency</b>		
<i>cholecalciferol oral soln 1000UNT/0.03ML, 2000UNT/0.03ML, 400UNIT/ML, 400UNT/0.03ML, 400UT/0.028ML, 5000UNIT/ML</i> (D-VI-SOL Equiv)	F	OTC
<i>cholecalciferol tab 1000UNIT, 2000UNIT, 25MCG, 400UNIT, 5000UNIT, 5000UNIT, 50MCG</i>	F	OTC
<i>ergocalciferol soln 8000UNIT/ML</i> (DRISDOL Equiv)	F	OTC

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L.A. Care Health Plan Medi-Cal Formulary

Last Updated 7/1/2020

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<i>phytonadione tab 100MCG, 5MG</i> (MEPHYTON Equiv)	F	-
<i>vitamin D cap 1.25MG, 50000UNIT</i>	F	--OTC
VITAMIN D TAB 400UNIT 400UNIT ( <i>ergocalciferol</i> )	F	OTC
<b>WATER SOLUBLE VITAMINS - Drugs to treat vitamin deficiency</b>		
<i>ascorbic acid cap 500MG</i>	F	OTC
<i>ascorbic acid chew tab 100MG, 125MG, 250MG, 500MG, 7.5MG-500MG</i>	F	OTC
<i>ascorbic acid er tab 1000MG, 1500MG, 16MG-25MG-500MG, 500MG</i>	F	OTC
<i>ascorbic acid tab 1000MG, 100MG, 10MG-500MG, 14MG-25MG-500MG, 250MG, 25MG-35MG-500MG, 37MG-1000MG, 37MG-500MG, 500MG</i>	F	OTC
<i>niacin cap</i>	F	OTC
<i>niacin CR tab 250MG, 500MG, 750MG</i> (SLO-NIACIN Equiv)	F	OTC
<i>niacin tab 100MG, 250MG, 500MG, 50MG</i>	F	OTC
NIACIN TR TAB 1000MG ( <i>niacin</i> )	F	OTC
<i>niacinamide tab 100MG, 500MG</i>	F	OTC
<i>pyridoxine tab 100MG, 250MG, 25MG, 500MG, 50MG</i>	F	OTC
<i>thiamine tab 100MG, 250MG, 50MG</i>	F	OTC
VITAMIN C TAB 100MG ( <i>ascorbic acid</i> )	F	OTC

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ALPHABETICAL LISTING OF DRUGS

<b>Other</b>		acetaminophen/codeine tab	10	AFINITOR DISPERZ	53
8-MOP CAP	102	acetazolamide ER cap	110	AFINITOR TAB 10MG	50
<b>A</b>		acetazolamide tab	110	AFLURIA INJ	168
abacavir soln	70	acetic acid otic soln	153	AFLURIA INJ, FLUZONE	168
abacavir tab	70	acetic	153	INJ	
abacavir/lamivudine tab	71	acid/hydrocortisone otic		AFSTYLA KIT	121
abacavir/lamivudine/zidovu	71	soln		AKYNZEO CAP	36
dine tab		acetylcysteine soln	97	ALBUTEROL HFA	19
ABILIFY DISCMELT	69	acitretin cap	102	INHALER	
ABILIFY MAINTENA INJ	69	ACTEMRA ACTPEN INJ	4	albuterol neb soln	19
ABILIFY MYCITE TAB	69	ACTEMRA SC INJ	5	albuterol sulfate ER tab	19
ABILIFY SOLN	69	ACTIMMUNE INJ	60	albuterol sulfate syrup	19
ABILIFY TAB	69	acyclovir cap	79	albuterol sulfate tab	19
abiraterone tab 250mg	51	acyclovir oint	103	albuterol/ipratropium neb	19
acamprosate calcium DR	157	acyclovir susp	79	soln	
tab		acyclovir tab	80	alclometasone cream	103
acarbose tab	29	A-D oint	106	alclometasone oint	103
acebutolol cap	82	ADACEL INJ, BOOSTRIX	164	ALCOHOL SWABS	133
acetaminophen cap	7	INJ		ALECENSA CAP	53
acetaminophen drops	7	adapalene cream	97	alendronate tab	112
acetaminophen elixir	7	adapalene gel 0.3%	98	ALENDRONATE TAB	112
acetaminophen er tab	7	ADASUVE INHALER	66	40MG	
acetaminophen liquid	8	adefovir dipivoxil tab	78	ALFERON-N INJ	60
acetaminophen supp	8	ADMELOG INJ	31	alfuzosin SR tab	120
acetaminophen tab	8	ADMELOG SOLOSTAR	31	ALINIA SUSP	47
acetaminophen/codeine	10	INJ		ALINIA TAB	47
soln		ADVATE INJ	121	allopurinol tab	120
		AEROCHAMBER	134	ALOGLIPTIN TAB	31

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## ALPHABETICAL LISTING OF DRUGS

ALOGLIPTIN-METFORMIN TAB	29	amlodipine/olmesartan tab	44	anagrelide cap	124
ALOGLIPTIN-PIOGLITAZONE TAB	29	amlodipine/valsartan tab	44	anastrozole tab	51
ALOMIDE OPHTH SOLN	151	amlodipine/valsartan/hydrochlorothiazide tab	44	ANDROGEL PUMP 1%	12
alprazolam tab	16	ammonium lactate cream	106	ANORO ELLIPTA	20
ALPROLIX INJ	121	ammonium lactate lotion	106	INHALER	
aluminum chloride soln	107	amnestem cap, claravis cap, isotretinoin cap, myorisan cap, zenatane cap	98	ANTABUSE TAB	157
ALUMINUM HYDROXIDE GEL SUSP	14	AMOXAPINE TAB	29	antacid chew tab	14
ALUNBRIG TAB 180MG	53	amoxicillin cap	155	anti-nausea soln	36
ALUNBRIG TAB 30MG	53	AMOXICILLIN CHEW TAB	155	APOKYN INJ	61
ALUNBRIG TAB 90MG	53	amoxicillin susp	155	apraclonidine ophth soln	148
amantadine cap	61	amoxicillin tab	155	aprepitant cap	37
amantadine syrup	61	amoxicillin/clavulanate chew tab	155	aprepitant pak	37
amantadine tab	61	amoxicillin/clavulanate susp	156	APTIVUS CAP	71
ambrisentan tab	85	amoxicillin/clavulanate tab 500-125, 875-125	156	APTIVUS SOLN	71
amethyst tab	87	AMPHADASE INJ	80	aripiprazole ODT	69
amiloride tab	111	amphetamine/dextroamphetamine ER cap	1	aripiprazole soln	69
amiloride/hydrochlorothiazide tab	111	amphetamine/dextroamphetamine tab	1	aripiprazole tab	70
aminocaproic acid soln	128	ampicillin cap	155	ARISTADA SYRINGE	70
aminocaproic acid syrup	128	ampicillin susp	155	armodafinil tab	2
aminocaproic acid tab	128			ARMOUR THYROID TAB, NATURE THROID TAB	164
amiodarone tab	18			ARNUITY ELLIPTA INHALER	19
amitriptyline tab	28			artificial tears oint	146
amlodipine tab	83			artificial tears soln	146
amlodipine/benazepril cap	44			ascorbic acid cap	173
				ascorbic acid chew tab	173

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## ALPHABETICAL LISTING OF DRUGS

ascorbic acid er tab	173	AVONEX INJ	159	BANZEL TAB	22
ascorbic acid tab	142	AZASITE SOLN	148	BAQSIMI NASAL	30
ashlyna tab, daysee tab	87	azathioprine tab	81	POWDER	
aspirin chew tab 81mg	8	azelaic acid gel	108	BASAGLAR INJ	31
aspirin ec tab	8	azelastine nasal spray 0.1%	144	BD AUTOSHIELD DUO	133
aspirin EC tab 325mg	8	azelastine ophth soln	151	PEN NEEDLE	
aspirin EC tab 81mg	8	azithromycin susp	131	B-D INSULIN SYRINGE	133
aspirin tab	8	azithromycin tab	132	U-500	
aspirin tab 325mg	8	<hr style="border: 1px solid black;"/>			
ASPIRIN TAB 81MG	8	<b>B</b>			
atazanavir cap	71	bacitracin oint	99	BELBUCA FILM	11
atenolol tab	82	BACITRACIN OPHTH	148	benazepril tab	42
atenolol/chlorthalidone tab	44	OINT		benazepril/hydrochlorothiazide tab	44
atorvastatin tab 10mg	41	bacitracin/neomycin/poly	148	BENEFIX INJ	121
atorvastatin tab 20mg	41	myxin b ophth oint		BENLYSTA AUTO	140
atorvastatin tab 40mg	41	bacitracin/polymyxin b	99	INJECTOR	
atorvastatin tab 80mg	41	oint		BENLYSTA INJ	140
atovaquone susp	47	bacitracin/polymyxin b	148	BENZNIDAZOLE TAB	15
atovaquone/proguanil tab	48	ophth oint		benzonatate cap 100mg,	90
ATRIPLA TAB	71	bacitracin/polymyxin/neo	150	200mg	
atropine ophth oint	147	mycin/hydrocortisone		benzoyl peroxide cream	98
atropine ophth soln	147	ophth oint		benzoyl peroxide gel	98
ATROVENT HFA	18	bacitracin/zinc oint	99	benzoyl peroxide liquid	98
INHALER		baclofen tab 10mg, 20mg	143	benzoyl peroxide lotion	98
AUBAGIO TAB	159	balsalazide cap	118	benztropine tab	61
AVANDAMET TAB	29	BALVERSA TAB	53	betamethasone augmented	103
AVANDIA TAB	32	BALVERSA TAB 3MG	53	cream	
AVC VAGINAL CREAM	171	BALVERSA TAB 4MG	53	betamethasone augmented	103
		BANZEL SUSP	22	gel	

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## ALPHABETICAL LISTING OF DRUGS

betamethasone augmented lotion	104	bisoprolol tab	82	buprenorphine/naloxone SL film	11
betamethasone augmented oint	104	bisoprolol/hydrochlorothiazide tab	45	buprenorphine/naloxone SL tab	12
betamethasone dipropionate cream	104	bosentan tab	85	bupropion ER tab	26
betamethasone dipropionate lotion	104	BOSULIF TAB	53	bupropion SR tab	160
betamethasone dipropionate oint	104	BRAFTOVI CAP 50MG	54	bupropion tab	26
betamethasone valerate cream	104	BRAFTOVI CAP 75MG	54	bupropion XL tab	26
betamethasone valerate lotion	104	brimonidine ophthalmic solution 0.15%	148	buspironone tab	16
betamethasone valerate oint	104	brimonidine ophthalmic solution 0.2%	148	BUTRANS PATCH	12
betamethasone valerate cream	104	bromfenac ophthalmic solution	151	<hr style="border: 1px solid black;"/>	
betamethasone valerate lotion	104	BROMFENAC OPHTH SOLN 0.09% (TWICE DAILY)	152	<b>C</b>	
betamethasone valerate oint	104	bromocriptine cap	61	cabergoline tab	115
bethanechol tab	167	bromocriptine tab	61	CABLIVI KIT	124
bexarotene cap	60	brompheniramine/phenylephrine/diphenhydramine solution	91	CABOMETYX TAB	54
BEXSERO INJ	167	BROTAPP DM LIQUID	91	CALAMINE LOTION	107
bicalutamide tab	51	BRUKINSA CAP	54	calcipotriene cream	102
BIKTARVY TAB	71	budesonide inhaled suspension	19	calcipotriene ointment	102
BISACODYL ENEMA	131	budesonide SR cap	89	calcipotriene solution	102
bisacodyl supp	131	bumetanide tab	111	calcitonin nasal spray	112
bisacodyl tab	131	BUNAVAIL SL FILM	11	calcitriol cap	114
bismuth subsalicylate chew tab	34	buprenorphine patch	11	calcitriol solution	114
bismuth subsalicylate suspension	34	buprenorphine SL tab	11	calcium acetate cap	119
bismuth subsalicylate tab	34			CALCIUM ACETATE TABS	135
				calcium and phosphorus w/vitamin D tab	135
				calcium carbonate chew tab	15
				calcium carbonate suspension	15

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## ALPHABETICAL LISTING OF DRUGS

calcium carbonate tab	15	carbamazepine susp	23	cevimeline cap	141
calcium carbonate	135	carbamazepine tab	23	CHANTIX PAK	161
w/vitamin D cap		carbamide peroxide otic	153	CHANTIX TAB	161
CALCIUM CARBONATE	135	drop		CHEMET CAP	34
W/VITAMIN D CHEW		carbidopa tab	61	chlordiazepoxide cap	16
TAB		carbidopa/levodopa ER tab	61	CHLORDIAZEPOXIDE/A	158
calcium carbonate	135	carbidopa/levodopa ODT	62	MITRIPTYLINE TAB	
w/vitamin D tab		carbidopa/levodopa tab	62	chlorhexidine gluconate	70
calcium carbonate	135	CARBIDOPA/LEVODOP	62	liquid	
w/vitamin D tab		A/ENTACAPONE TAB		chlorhexidine gluconate	141
calcium citrate tab	136	carisoprodol tab 350mg	143	soln	
calcium citrate w/vitamin	136	carvedilol tab	82	chloroquine tab	48
D tab		CAYSTON INH SOLN	47	chlorothiazide tab	112
CALCIUM GLUCONATE	136	cefdinir cap	86	CHLOROTHIAZIDE TAB	112
TAB		cefdinir susp	86	250MG, 500MG	
calcium pycarbophil tab	129	cefuroxime susp	86	chlorpheniramine CR tab	38
CALIBRATION LIQUID	133	cefuroxime tab	86	chlorpheniramine syrup	38
CALQUENCE CAP	54	celecoxib cap	5	chlorpheniramine tab	38
CAMPRAL TAB	157	CELONTIN CAP	25	CHLORPROMAZINE INJ	68
capecitabine tab	50	CENTRUM KIDS CHEW	142	chlorpromazine tab	68
CAPLYTA CAP	63	cephalexin cap	86	chlorpropamide tab	33
CAPRELSA TAB	54	cephalexin susp	86	CHLORTHALIDONE TAB	112
capsaicin cream	107	CERDELGA CAP	124	chlorzoxazone tab 500mg	143
captopril tab	42	CERVICAL CAP	132	CHOLBAM CAP	117
CARBAGLU TAB	114	cetirizine syrup	39	cholecalciferol oral soln	172
carbamazepine chew tab	22	cetirizine tab	39	cholecalciferol tab	172
carbamazepine ER cap	22	cetirizine/pseudoephedrine	91	cholestyramine lite	40
carbamazepine ER tab	22	12-hour tab		powder	

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## ALPHABETICAL LISTING OF DRUGS

cholestyramine lite powder pack	40	clindamycin gel	98	CLOZAPINE ODT/FAZACLO ODT	66
cholestyramine powder pack	40	clindamycin lotion	98	clozapine tab	66
cholestyramine powder pack	40	clindamycin pad	98	CLOZARIL TAB	66
CIALIS TAB	84	clindamycin topical soln	98	CODEINE SULFATE TAB	8
ciclopirox cream	100	clindamycin vaginal cream	171	codeine sulfate tab 60mg	8
ciclopirox gel	100	clobazam tab	22	colchicine tab	120
ciclopirox nail soln	100	clobetasol propionate cream	104	colchicine/probenecid tab	120
ciclopirox shampoo	100	clobetasol propionate emollient cream	104	colestipol tab	40
ciclopirox topical susp	100	clobetasol propionate gel	104	COLY-MYCIN S OTIC SUSP	153
cilostazol tab	124	clobetasol propionate oint	104	COMBIVENT RESPIMAT INHALER	20
CIMDUO TAB	71	clonazepam tab	22	COMBIVIR TAB	71
cinacalcet tab	114	clonidine patch	43	COMETRIQ KIT	54
CIPRODEX OTIC SUSP	153	clonidine tab	43	COMPLERA TAB	71
ciprofloxacin ophth soln	148	clopidogrel tab 75mg	124	CONCEPTROL GEL	170
CIPROFLOXACIN OTIC SOLN	153	clotrimazole cream	100	CONTRACEPTIVE FILM	170
ciprofloxacin susp	117	clotrimazole soln	100	CONTRACEPTIVE FOAM	170
ciprofloxacin tab	117	clotrimazole troches	140	CONTRACEPTIVE GEL	170
citalopram soln	27	clotrimazole vaginal cream	171	CONTRACEPTIVE SUPP	171
citalopram tab	27	clotrimazole/betamethason e cream	101	CONTRAVE TAB	1
CITRULLINE	146	clotrimazole/betamethason e lotion	101	COPIKTRA CAP	54
CLARITHROMYCIN SUSP	132	CLOZAPINE ODT	66	COSENTYX INJ (1-PACK)	102
clarithromycin tab	132	clozapine ODT 25mg, 100mg	66	COSENTYX INJ (2-PACK)	103
CLARITIN REDITAB	39			COTELLIC TAB	54
clindamycin cap	47				

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CREATINE 5000	146	CYSTARAN OPHTH	152	dexamethasone tab	89
CREON CAP	110	SOLN		dexmethylphenidate tab	2
CRINONE GEL	171	CYTRA-3 SYRUP	119	dextroamphetamine ER	1
CRIXIVAN CAP	72	<b>D</b>			
cromolyn conc	118	dalfampridine ER tab	159	cap	
cromolyn nasal spray	144	danazol cap	13	dextroamphetamine tab	1
cromolyn ophth soln	152	dantrolene cap	144	dextromethorphan cap	90
cryselle tab	87	dapsone tab	47	dextromethorphan ER	90
cyanocobalamin inj	125	deferasirox tab	35	liquid	
cyanocobalamine er tab	125	deferasirox tab 90mg,	35	dextromethorphan	91
cyanocobalamine lozenge	125	360mg		hb/doxylamine soln	
cyanocobalamine sl tab	125	DELSTRIGO TAB	72	dextromethorphan syrup	90
cyanocobalamine tab	125	DENAVIR CREAM	103	DEXTROMETHORPHAN/ PHENYLEPHRINE	91
cyclobenzaprine tab 10mg	143	DESCOVY TAB	72	LIQUID	
cyclobenzaprine tab 5mg	144	desipramine tab	29	DIACOMIT CAP	23
CYCLOMYDRIL OPHTH	147	desmopressin acetate inj	115	DIACOMIT POWDER	23
SOLN		desmopressin acetate tab	115	PACK	
cyclopentolate ophth soln	147	desmopressin nasal soln	115	dialyrite tab	141
cyclophosphamide cap	50	desoximetasone cream	104	DIAPHRAGM	132
cyclosporine cap	81	desoximetasone gel	104	DIASTAT RECTAL GEL,	22
cyclosporine modified	81	desoximetasone oint	104	DIAZEPAM RECTAL	
cap, gengraf cap		desvenlafaxine ER tab	28	GEL	
cyclosporine modified	81	DEXAMETHASONE	89	diazepam conc	16
soln		CONC		DIAZEPAM SOLN	16
cyproheptadine syrup	40	dexamethasone elixir	89	diazepam tab 10mg	17
cyproheptadine tab	40	dexamethasone ophth soln	150	diazepam tab 2mg	17
CYSTAGON CAP	119	DEXAMETHASONE	89	diazepam tab 5mg	17
		SOLN		diclofenac gel 1%	102

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diclofenac potassium tab	5	DIPHENOXYLATE/ATRO	33	DOPTELET TAB	125
diclofenac sodium EC tab	5	PINE LIQUID		dorzolamide ophth soln	152
diclofenac sodium ophth soln	152	diphenoxylate/atropine tab	34	dorzolamide/timolol ophth soln	146
diclofenac sodium XR tab	5	dipyridamole tab	124	DOVATO TAB	72
dicloxacillin cap	156	disopyramide cap	17	doxazosin tab	43
dicyclomine cap	164	disulfiram tab	157	doxepin cap	29
dicyclomine soln	164	DIURIL SUSP	112	doxepin conc	29
dicyclomine tab	165	divalproex ER tab	25	doxercalciferol cap	114
didanosine DR cap	72	divalproex sodium DR tab	25	doxycycline hyclate cap	163
DIFFERIN OTC GEL 0.1%	98	divalproex sprinkle cap	26	doxycycline hyclate tab	163
DIFICID TAB	132	d-methorphan hb/p-epd	92	doxycycline monohydrate cap 100mg	163
digoxin soln	84	hcl/bpm elixir		doxycycline monohydrate cap 50mg	163
digoxin tab	84	d-methorphan hb/p-ephed	92	doxycycline monohydrate tab	163
DILANTIN CAP 30MG	25	hcl/cp liquid		doxycycline susp	163
diltiazem ER cap	83	d-methorphan/acetamin/doxylamine liquid	92	doxylamine succinate tab	128
diltiazem tab	83	d-methorphan/pe/acetamin	92	D-PENAMINE TAB	80
dimenhydrin tab	36	open cap		dronabinol cap	36
diphenhydramine cap	38	docusate calcium cap	131	DROXIA CAP	124
diphenhydramine cream	102	docusate sodium cap	131	DRYSOL SOLN	107
diphenhydramine gel	102	docusate sodium enema	131	duloxetine EC cap	28
diphenhydramine liquid	39	docusate sodium liquid	131	DUPIXENT INJ	106
diphenhydramine tab	39	docusate sodium syrup	131	DUREZOL OPHTH	150
diphenhydramine/acetamin	128	docusate sodium tab	131	EMULSION	
open tab		dofetilide cap	18	dutasteride cap	120
diphenhydramine/phenylephrine/acetaminophen liquid	92	donepezil ODT	157		
		donepezil tab	157		
		donepezil tab 23mg	158		

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## ALPHABETICAL LISTING OF DRUGS

<b>E</b>							
econazole cream	101	ENGERIX-B INJ,	168	erythromycin	132		
EDURANT TAB	72	RECOMBIVAX-HB INJ		ethylsuccinate susp			
efavirenz cap	72	enoxaparin inj	22	erythromycin gel	98		
efavirenz tab	72	enpresse tab	87	erythromycin ophth oint	148		
ELIQUIS TAB, ELIQUIS	21	entacapone tab	61	erythromycin pad	98		
STARTER PACK		entecavir tab	79	erythromycin soln	98		
ELIXOPHYLLIN ELIXIR	21	EPIFOAM AEROSOL	104	erythromycin stearate tab	132		
ELLA TAB	88	epinephrine inj	172	erythromycin tab	132		
ELMIRON CAP	120	EPINEPHRINE INJ	172	ESBRIET CAP	162		
ELOCTATE INJ	121	0.15MG		ESBRIET TAB 267MG	162		
eluryng vaginal ring	88	epinephrine inj 0.15mg (2	172	ESBRIET TAB 801MG	162		
EMCYT CAP	51	pack)		escitalopram soln	27		
EMSAM PATCH	26	EPINEPHRINE INJ	172	escitalopram tab	27		
EMTRIVA CAP	72	0.3MG		estazolam tab	128		
EMTRIVA SOLN	72	EPIVIR HBV SOLN	79	estradiol patch	116		
enalapril tab	42	EPIVIR HBV TAB	79	estradiol tab	116		
enalapril/hydrochlorothiazi	45	EPIVIR SOLN	72	estradiol vaginal cream	171		
de tab		EPIVIR TAB	72	estradiol valerate inj	116		
ENBREL INJ 25MG	7	EPOGEN INJ	125	eszopiclone tab	128		
ENBREL INJ 50MG	7	EPZICOM TAB	73	ethacrynic tab	111		
ENBREL MINI INJ	7	EQUETRO CAP	64	ethambutol tab	49		
ENBREL SURECLICK	7	ergocalciferol soln	172	ethosuximide cap	25		
INJ 50MG		ERIVEDGE CAP	51	ethosuximide soln	25		
ENDARI POWDER PACK	124	ERLEADA TAB	51	etodolac cap	5		
ENDOMETRIN INSERT	172	erlotinib tab	55	etodolac tab	5		
ENGERIX-B INJ	168	ERYTHROMYCIN EC	132	ETOPOSIDE CAP	60		
		CAP 250MG		ETOVAZ TAB	73		
				everolimus tab	55		

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## ALPHABETICAL LISTING OF DRUGS

EVZIO INJ	35	FERRIPROX SOLN	34	fluconazole susp	37
EVZIO INJ	35	FERRIPROX TAB	34	fluconazole tab	37
exemestane tab	52	ferrous gluconate tab	127	flucytosine cap	37
EXTAVIA INJ	159	ferrous sulfate dr tab	127	fludrocortisone tab	90
ezetimibe tab	42	ferrous sulfate er tab	127	FLULAVAL QUAD INJ,	169
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<b>F</b>		FERROUS SULFATE	127	FLUZONE QUAD INJ	
famotidine susp	165	LIQUID		FLUMIST	169
famotidine tab	165	ferrous sulfate slow	127	QUADRIVALENT NASAL	
FANAPT TAB	64	release tab		SUSP	
FANAPT TITRATION	64	ferrous sulfate soln	127	fluocinolone acetonide	104
PACK		FERROUS SULFATE	127	cream	
FARYDAK CAP	55	SYRUP		fluocinolone acetonide	105
FASENRA PEN INJ	18	ferrous sulfate tab	128	ointment	
FAZACLO ODT	66	finasteride tab	107	fluocinolone acetonide	105
febuxostat tab	120	FIRST OMEPRAZOLE	165	soln	
felbamate susp	24	SUSP		fluocinolone otic oil	153
felbamate tab	24	FIRST-VANCOMYCIN	47	fluocinonide cream 0.05%	105
felodipine ER tab	83	SOLN		fluocinonide emollient	105
FEMALE CONDOMS	132	FIRVANQ SOLN	47	cream	
fenofibrate cap 67mg,	40	flecainide tab	17	fluocinonide gel	105
134mg, 200mg		FLEET ENEMA	130	fluocinonide oint	105
fenofibrate tab 48mg,	41	FLUAD INJ	168	fluocinonide soln	105
50mg, 54mg, 145mg,		FLUAD QUAD INJ	168	fluorometholone ophth	150
160mg		FLUARIX QUAD INJ,	168	soln	
fenofibric acid DR cap	41	FLUZONE QUAD INJ		fluorouracil cream	102
fentanyl patch	8	FLUBLOK INJ	168	FLUOROURACIL SOLN	102
FERREX 150 CAP	126	FLUBLOK QUAD INJ	169	fluoxetine cap	27
ferrex 150 forte cap	126	FLUCELVAX QUAD INJ	169	fluoxetine soln	27

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ALPHABETICAL LISTING OF DRUGS

fluoxetine tab	27	FLUZONE HIGH DOSE	169	FREESTYLE TEST STRIP	109
FLUPHENAZINE CONC	68	PF INJ		FULPHILA INJ	125
FLUPHENAZINE	68	folbee tab	126	FUNGOID SOLN	101
DECONATE INJ		folic acid tab 1mg	125	FUROSEMIDE SOLN	111
FLUPHENAZINE ELIXIR	68	folic acid tab 400mcg	125	furosemide tab	111
FLUPHENAZINE INJ	68	folic acid tab 800mcg	125	FUZEON INJ	73
fluphenazine tab	68	fondaparinux inj	22	<b>G</b>	
FLURAZEPAM CAP	129	FORTEO INJ	113	gabapentin cap	23
flurbiprofen ophth soln	152	fosamprenavir tab	73	gabapentin soln	23
flurbiprofen tab	5	fosinopril tab	42	gabapentin tab	23
flutamide cap	52	fosinopril/hydrochlorothia	45	galantamine ER cap	158
fluticasone nasal spray	144	zide tab		galantamine tab	158
fluticasone propionate	105	FREESTYLE FREEDOM	133	GANIRELIX AC INJ	113
cream		LITE METER		GARDASIL 9 INJ	169
fluticasone propionate oint	105	FREESTYLE INSULINX	133	GARDASIL INJ	169
fluticasone/salmeterol	20	METER		GEL DRESSING	169
diskus 100/50		FREESTYLE INSULINX	109	gemfibrozil tab	41
fluticasone/salmeterol	20	TEST STRIP		GENTAK OPHTH OINT	149
diskus 250/50		FREESTYLE LIBRE	133	gentamicin ophth oint	149
fluticasone/salmeterol	20	RECEIVER		gentamicin ophth soln	149
diskus 500/50		FREESTYLE LIBRE	133	gentamicin sulfate cream	99
FLUTICASONE/SALMET	20	SENSOR (10-DAY)		gentamicin sulfate oint	99
EROL INHALER		FREESTYLE LIBRE	133	GENVOYA TAB	73
FLUVIRIN INJ	169	SENSOR (14-DAY)		GEODON CAP	64
fluvoxamine ER cap	27	FREESTYLE LITE	133	GEODON INJ	64
fluvoxamine tab	27	METER		gianvi tab, ocella tab	87
FLUZONE HD PF INJ	169	FREESTYLE LITE TEST	109	GILENYA CAP	160
		STRIP		GILOTRIF TAB	55

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## ALPHABETICAL LISTING OF DRUGS

glatopa inj, glatiramer inj	160	guaifenesin/codeine liquid	92	haloperidol tab	66
GLEOSTINE/LOMUSTIN	50	guaifenesin/codeine soln	93	HAVRIX INJ, VAQTA INJ	169
E CAP		GUAIFENESIN/CODEINE	93	hc pramoxine cream 1-1%	14
glimepiride tab	33	SYRUP		HEMLIBRA INJ	121
glipizide ER tab	33	guaifenesin/dextromethorp	93	HEPLISAV-B INJ	170
glipizide tab	33	han cap		HEXALEN CAP	50
glipizide/metformin tab	30	guaifenesin/dextromethorp	93	HIZENTRA INJ	154
GLUCAGEN HYPOKIT	30	han ER tab		homatropine ophth soln	147
INJ		guaifenesin/dextromethorp	93	HUMALOG MIX INJ	147
GLUCAGON INJ KIT	30	han liquid		HUMALOG MIX	32
GLUCOSE CHEW TAB	30	guaifenesin/dextromethorp	93	KWIKPEN INJ 50/50	
glucose gel	30	han tab		HUMATE-P INJ	122
GLUCOSE TAB	30	guaifenesin/d-methorphan	93	HUMATROPE INJ	113
glyburide micronized tab	33	hb/pe syrup		HUMIRA INJ 10MG	4
glyburide tab	33	guaifenesin/pseudoephedri	93	HUMIRA INJ 20MG	4
glyburide/metformin tab	30	ne tab		HUMIRA INJ 40MG	4
glycerin lotion	106	guanfacine ER tab	2	HUMIRA INJ	4
glycerin suppository	130	guanfacine IR tab	44	CROHNS/UC/HIDRADEN	
glycopyrrolate tab	165	GVOKE INJ	31	ITIS STARTER PACK	
GOCOVRI CAP	62	GVOKE PFS INJ	31	HUMIRA INJ PEDIATRIC	4
granisetron tab	36	<b>H</b>			
griseofulvin micro tab	37	HALDOL INJ	66	CROHNS STARTER	
griseofulvin susp	37	halobetasol propionate	105	PACK	
griseofulvin tab	37	cream		HUMIRA INJ	4
guaifenesin ER tab	97	halobetasol propionate	105	PSORIASIS/UEVITIS	
guaifenesin liquid	97	ointment		STARTER PACK	
guaifenesin syrup	97	haloperidol inj	66	HUMIRA PEN INJ 40MG	4
guaifenesin tab	97	haloperidol lactate conc	66	HUMULIN MIX INJ,	32
				NOVOLIN MIX INJ	

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## ALPHABETICAL LISTING OF DRUGS

HUMULIN MIX PEN INJ, 32	hydrocortisone tab 89	ibuprofen chew tab 5
NOVOLIN FLEXPEN INJ	hydrocortisone topical 105	ibuprofen susp (Rx ONLY) 5
HUMULIN N INJ, 32	soln	ibuprofen tab 5
NOVOLIN N INJ	hydrogen peroxide soln 70	ICLUSIG TAB 15MG 55
HUMULIN N PEN INJ, 32	hydromorphone tab 2mg 9	ICLUSIG TAB 45MG 55
NOVOLIN N PEN INJ	hydromorphone tab 4mg 9	IDELVION 122
HUMULIN R INJ, 32	hydromorphone tab 8mg 9	IDHIFA TAB 55
NOVOLIN R INJ	hydroquinone cream 108	ILEVRO OPHTH SUSP 152
HUMULIN R U-500 32	hydroxychloroquine tab 48	imatinib tab 55
KWIKPEN INJ	hydroxyprogesterone inj 156	IMBRUVICA CAP 56
HYCAMTIN CAP 50	hydroxyurea cap 60	140MG
hydralazine tab 46	hydroxyzine pamoate cap 16	IMBRUVICA CAP 70MG 56
hydrochlorothiazide cap 112	hydroxyzine syrup 16	IMBRUVICA TAB 56
hydrochlorothiazide tab 112	hydroxyzine tab 16	imipramine tab 29
hydrocodone/acetaminoph en soln 10	HYLENEX INJ 80	imiquimod cream 107
7.5mg-325mg/15ml	hyoscyamine sulfate CR 165	IMOVAX RABIES INJ 170
hydrocodone/acetaminoph en tab 10	tab	IMPAVIDO CAP 46
hydrocodone/homatropine syrup 90	hyoscyamine sulfate elixir 165	INCRELEX INJ 113
hydrocortisone ac cream 105	hyoscyamine sulfate ODT 165	INCRUSE ELLIPTA 18
hydrocortisone aloe cream 105	hyoscyamine sulfate SL 165	INHALER
hydrocortisone cream 105	tab	indapamide tab 112
hydrocortisone enema 13	hyoscyamine sulfate soln 165	indomethacin cap 5
hydrocortisone gel 105	hyoscyamine tab 165	indomethacin CR cap 5
hydrocortisone lotion 105	HYQVIA INJ 154	INFANT FORMULA LIQUID 110
hydrocortisone oint 105	<b>I</b>	INFANT FORMULA POWDER 110
	IBRANCE CAP 55	INGREZZA CAP 159
	IBRANCE TAB 55	
	ibuprofen cap 5	

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ALPHABETICAL LISTING OF DRUGS

INLYTA TAB	56	ISOPTO HYOSCINE	147	ketorolac ophth soln	152
INSULIN LISPRO	32	OPHTH SOLN		ketorolac tab	6
PROTAMINE INJ 75/25		isosorbide dinitrate ER tab	15	KETOSTIX	109
INTELENCE TAB	73	isosorbide dinitrate tab	15	ketotifen ophth soln	152
INTRON-A INJ	60	isosorbide mononitrate ER	15	KEVZARA INJ	5
INVEGA INJ	65	tab		KINERET INJ	4
INVEGA TAB	65	isosorbide mononitrate tab	16	KLOR-CON M15 TAB	139
INVIRASE CAP	73	itraconazole cap	37	KOATE DVI INJ	122
INVIRASE TAB	73	ivermectin tab	15	KOGENATE INJ	122
IOPIDINE OPHTH SOLN	148			KONSYL POWDER	129
1%		<b>J</b>		KONSYL POWDER	129
ipratropium nasal spray	144	JADENU SPRINKLE	35	PACKET	
ipratropium neb soln	18	JAKAFI TAB	56	KORLYM TAB	31
irbesartan tab	43	jinteli tab	116	K-PHOS TAB	139
irbesartan/hydrochlorothia	45	JIVI INJ	122	KRINTAFEL TAB	48
zide tab		JULUCA TAB	74	K-TAB	139
IRESSA TAB	56	junel FE tab	87	KUVAN POWDER PACK	114
ISENTRESS CHEW TAB	73	junel tab	87	KUVAN TAB	114
ISENTRESS POWDER	73	JYNARQUE PAK	116		
PACK				<b>L</b>	
ISENTRESS TAB	73	<b>K</b>		labetalol tab	82
isibloom tab, enskyce tab,	87	KALETRA SOLN	74	lactulose soln	118
apri tab		KALETRA TAB	74	LAMICTAL CHEW TAB	23
isonarif cap	49	KALYDECO PAK	162	2MG	
ISONIAZID SYRUP	49	KALYDECO TAB	162	lamivudine soln	74
ISONIAZID TAB	49	kelnor tab	87	lamivudine tab	74
ISOPTO CARBACHOL	147	ketoconazole cream	101	lamivudine tab 100mg	79
OPHTH SOLN		ketoconazole shampoo	101	lamivudine/zidovudine tab	74
		ketoconazole tab	38	lamotrigine chew tab	23

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## ALPHABETICAL LISTING OF DRUGS

lamotrigine tab	23	LEXIVA SUSP	74	LOHIST-D LIQUID	94
LANCETS	133	LICE B GONE	108	LOKELMA PAK	140
lansoprazole DR cap	165	SHAMPOO		LONSURF TAB	53
LANSOPRAZOLE SUSP	165	lidocaine cream 3%	107	loperamide cap	34
latanoprost ophth soln	152	lidocaine gel	107	loperamide liquid	34
LATUDA TAB	64	lidocaine oint	107	loperamide tab	34
layolis FE tab, wymzya FE tab	87	LIDOCAINE ORAL SOLN 4%	140	lopinavir/ritonavir soln	74
leflunomide tab	6	lidocaine soln	107	loratadine ODT	39
LENVIMA CAP	56	lidocaine viscous soln	140	loratadine syrup	39
letrozole tab	52	lidocaine/hydrocortisone cream	14	loratadine/pseudoephedrin e 12-hour tab	94
leucovorin tab	60	lidocaine/prilocaine cream	107	loratadine/pseudoephedrin e 24-hour tab	94
LEUKERAN TAB	50	LINDANE LOTION	108	lorazepam conc	17
levetiracetam ER tab	23	linezolid susp	48	lorazepam tab	17
levetiracetam soln	23	linezolid tab	48	LORBRENA TAB 100MG	56
levetiracetam tab	23	liothyronine tab	164	LORBRENA TAB 25MG	56
LEVITRA TAB	84	LIQUIGEN	146	losartan tab	43
LEVOBUNOLOL OPHTH SOLN	146	lisinopril tab	43	losartan/hydrochlorothiazide tab	45
levocarnitine soln	114	lisinopril/hydrochlorothiazide tab	45	lovastatin tab	41
levocarnitine tab	114	LITHIUM CARBONATE CAP	63	loxapine cap	67
levofloxacin ophth soln	149	lithium carbonate ER tab	63	LOXITANE CAP	67
levofloxacin soln	117	lithium carbonate tab	63	lubricating jelly	108
levofloxacin tab	117	LITHIUM CITRATE SOLN	63	LUCEMYRA TAB	157
levonorgestrel tab	88	LITHIUM POWDER	63	LYNPARZA CAP	57
LEVONORGESTREL TAB 0.75MG	88	LITHOBID TAB	63	LYNPARZA TAB	57
levothyroxine tab	164				

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ALPHABETICAL LISTING OF DRUGS

LYSODREN TAB	52	MEKINIST TAB 2MG	57	methotrexate inj	50
<b>M</b>		MEKTOVI TAB	57	methotrexate tab	50
magnesium citrate soln	130	meloxicam tab	6	methoxsalen cap	103
magnesium hydroxide susp	130	melphalan tab	50	methyl dopa tab	44
magnesium oxide tab	15	memantine er cap	158	METHYLDOPA/HYDRO	45
magnesium/aluminum	14	memantine soln	158	CHLOROTHIAZIDE TAB	
hydroxide/simethicone		memantine tab	158	methylergonovine tab	154
chew tab		MENACTRA INJ	167	methylphenidate CD cap	2
magnesium/aluminum	14	MENHIBRIX INJ	167	methylphenidate ER cap	2
hydroxide/simethicone		MENVEO INJ	167	methylphenidate ER tab	2
susp		mercaptapurine tab	50	methylphenidate soln	3
MALE CONDOMS	132	mesalamine enema	118	methylphenidate tab	3
MAPROTILINE TAB	26	mesalamine ER cap	118	methylprednisolone dose	89
MARPLAN TAB	26	mesalamine supp	118	pack	
MATULANE CAP	60	MESNEX TAB	60	methylprednisolone tab	89
MAVYRET TAB	79	METAPROTERENOL	20	METHYLTESTOSTERON	13
MAXIDEX OPHTH SOLN	150	SYRUP		E CAP	
MAYZENT TAB	160	metformin ER tab	30	metoclopramide soln	118
MAYZENT TAB	160	metformin tab	30	metoclopramide tab	118
STARTER PACK		methadone conc	9	metolazone tab	112
MCT OIL	146	methadone soln 10mg/5ml	9	metoprolol ER tab	82
meclizine chew tab	36	methadone soln 5mg/5ml	9	metoprolol tab	82
meclizine tab	36	methadone tab	9	METOPROLOL/HYDROC	45
medroxyprogesterone tab	156	methadone tab 10mg	9	HLOROTHIAZIDE TAB	
MEFLOQUINE TAB	48	methazolamide tab	111	metronidazole cream	108
megestrol susp	52	methenamine hippurate tab	166	metronidazole gel	108
megestrol tab	52	methimazole tab	163	metronidazole tab	46
MEKINIST TAB 0.5MG	57	methocarbamol tab	144	metronidazole vaginal gel	171

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MEXILETINE CAP	17	mometasone oint	105	mycophenolate mofetil	81
MIACALCIN INJ	113	mometasone soln	105	cap	
MICONAZOLE 3 SUPP	171	mononessa tab	87	mycophenolate mofetil	81
200MG		montelukast chew tab	18	susp	
miconazole cream	101	montelukast granule pack	19	mycophenolate mofetil tab	81
miconazole nitrate powder	101	montelukast tab	19	MYLERAN TAB	50
miconazole oint	101	morphine sulfate ER tab	9	<b>N</b>	
miconazole vaginal cream	171	morphine sulfate soln	9	nabumetone tab	6
miconazole vaginal kit	171	10mg/5ml		nadolol tab	82
midodrine tab	172	morphine sulfate soln	9	naloxone inj	35
MIGERGOT SUPP	134	20mg/5ml		naloxone prefilled inj	36
miglustat cap	124	morphine sulfate soln	9	naltrexone tab	35
mineral oil	130	20mg/ml		NAPHAZOLINE OPHTH	149
mineral oil enema	130	morphine sulfate tab	10	SOLN	
mineral oil/petrolatum	106	moxifloxacin ophth soln	149	naphazoline/pheniramine	149
cream		moxifloxacin tab	117	ophth drops	
minocycline cap	163	MULTAQ TAB	18	naproxen EC tab	6
minocycline tab	163	MULTIGEN FOLIC TAB	126	naproxen tab	6
MINONINE INJ	122	MULTIGEN PLUS TAB	126	NARCAN NASAL SPRAY	35
minoxidil tab	46	MULTIGEN TAB	127	NARDIL TAB	27
mirtazapine ODT	26	multiple vitamin tab	142	NATPARA INJ	113
mirtazapine tab	26	multivitamin w/iron chew	142	NEBUSAL NEB SOLN	97
misoprostol tab	166	tab		NECON TAB	87
MITIGARE CAP	120	multivitamin w/iron tab	142	NEFAZODONE TAB	28
M-M-R II INJ	170	multivitamin/minerals tab	142	nefazodone tab 50mg,	28
modafinil tab	3	mupirocin oint	99	250mg	
MOLINDONE TAB	68	mycophenolate DR tab	81	neomycin tab	3
mometasone cream	105				

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## ALPHABETICAL LISTING OF DRUGS

neomycin/bacitracin/poly myxin b oint	100	NEXAVAR TAB	57	nortrel 7/7/7 tab, pirmella 7/7/7 tab	88
neomycin/bacitracin/poly myxin b/pramoxine oint	100	niacin cap	173	nortrel tab	88
NEOMYCIN/POLYMYXIN /GRAMICIDIN OPHTH SOLN	149	niacin CR tab	173	nortriptyline cap	29
neomycin/polymixin/hydro coritisona otic soln	153	niacin ER tab	42	NORTRIPTYLINE SOLN	29
neomycin/polymixin/hydro coritisona otic susp	153	niacin tab	173	NORVIR CAP	74
neomycin/polymyxin b/pramoxine cream	100	NIACIN TR TAB	173	NORVIR POWDER	75
neomycin/polymyxin/dexa methasone ophth oint	150	niacinamide tab	173	PACKET	
neomycin/polymyxin/dexa methasone ophth soln	150	nicotine gum	161	NORVIR SOLN	75
NEOMYCIN/POLYMYXI N/HYDROCORTISONE OPHTH SOLN	150	NICOTINE KIT	161	NORVIR TAB	75
NEPHRON FA TAB	127	nicotine lozenge	161	NOVOEIGHT INJ	122
NERLYNX TAB	57	nicotine patch	161	NOVOLIN R INJ	32
NEUMEGA INJ	57	NICOTROL INHALER	161	NOVOSEVEN INJ	122
NEUPRO PATCH	62	NICOTROL NASAL SPRAY	161	NOXAFIL SUSP	38
NEVANAC OPHTH SUSP	152	nifedipine cap	83	np thyroid tab	164
nevirapine ER tab	74	nifedipine ER tab	83	NUBEQA TAB	52
NEVIRAPINE SUSP	74	nilutamide tab	52	NUCALA INJ	18
nevirapine tab	74	NINLARO CAP	57	NUDEXTA CAP	160
		nitrofurantoin	166	NUPLAZID CAP	64
		macrocrystals cap		NUPLAZID TAB	64
		nitrofurantoin	166	NUTRITIONAL SUPPLEMENT LIQUID	110
		monohydrate cap		NUTRITIONAL SUPPLEMENT POWDER	110
		nitroglycerin patch	16	NUWIQ INJ	123
		nitroglycerin SL tab	16	nystatin cream	101
		NIVESTYM INJ	126	nystatin oint	101
		NIZATIDINE CAP	166	nystatin powder	37
		norethindrone tab	88		

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## ALPHABETICAL LISTING OF DRUGS

nystatin susp	140	omeprazole DR cap 40mg	166	oxcarbazepine susp	24
nystatin tab	37	ondansetron ODT	36	oxcarbazepine tab	24
nystatin topical powder	101	ondansetron soln	36	oxybutynin ER tab	167
<hr/>					
<b>O</b>		ondansetron tab	36	oxybutynin syrup	167
OCALIVA TAB	118	OPSUMIT TAB	85	oxybutynin tab	167
octreotide inj	115	ORACIT SOLN	119	oxycodone cap	10
ODEFSEY TAB	75	ORAP TAB	160	oxycodone soln 5mg/5ml	10
ODOMZO CAP	51	ORENCIA CLICK INJ	6	oxycodone tab	10
OFEV CAP	162	ORENCIA INJ	6	oxycodone/acetaminophen	11
ofloxacin ophth soln	149	50MG/0.4ML		tab 10mg-325mg	
ofloxacin tab	117	ORENCIA INJ	7	oxycodone/acetaminophen	11
olanzapine inj	67	87.5MG/0.7ML		tab 5mg-325mg	
olanzapine ODT	67	ORENCIA SC INJ	7	oxycodone/acetaminophen	11
olanzapine tab	67	125MG/ML		tab 7.5mg-325mg	
olanzapine/fluoxetine cap	159	ORILISSA TAB 150MG	113	oxycodone/aspirin tab	11
olmesartan tab	43	ORILISSA TAB 200MG	113	oxymetazolin spray	145
olmesartan/hydrochlorothi	45	ORKAMBI GRANULES	162	OZEMPIC INJ	31
azide tab		PACKET		<hr/>	
olopatadine ophth soln	152	ORKAMBI TAB	162	<b>P</b>	
0.1%		oseltamivir cap	80	paliperidone SR tab	65
olopatadine ophth soln	152	oseltamivir cap 30mg	80	PALYNZIQ INJ	114
0.2%		oseltamivir susp	80	10MG/0.5ML	
omega-3 fatty acid cap	146	OSMOLEX ER TAB	63	PALYNZIQ INJ	115
omega-3-acid ethyl esters	40	OTEZLA STARTER PACK	6	2.5MG/0.5ML	
cap		OTEZLA TAB	6	PALYNZIQ INJ	115
omeprazole cap	165	oxandrolone tab	12	20MG/ML	
omeprazole DR cap 10mg	165	oxaprozin tab	6	pantoprazole EC tab	166
omeprazole DR cap 20mg	165	OXAZEPAM CAP	17	paricalcitol cap	115
				PARNATE TAB	27

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## ALPHABETICAL LISTING OF DRUGS

paroxetine ER tab	28	penicillin vk tab	155	phenylephrine/diphenhydra	95
paroxetine tab	28	pentamidine neb soln	46	mine liquid	
PEAK FLOW METER	134	pentoxifylline ER tab	124	phenylephrine/dm/acetami	95
PEDIATRIC	94	permethrin cream	108	nop/gg liquid	
COUGH/COLD LIQUID		permethrin liquid	108	phenylephrine/dm/acetami	95
pediatric electrolyte soln	137	permethrin lotion	108	nop/gg tab	
pediatric multiple	142	perphenazine tab	69	PHENYLEPRINE/ACETA	95
vitamins/fluoride chew tab		PERPHENAZINE/AMITRI	159	MIN/DOXYLAMINE CAP	
pediatric multiple	142	PTYLINE TAB		phenytoin cap	25
vitamins/fluoride soln		PERSERIS INJ	65	phenytoin chew tab	25
pediatric multiple	142	petrolatum oint	106	phenytoin susp	25
vitamins/fluoride/iron soln		phenazopyridine tab	120	phlexy-10 tab	146
pediatric multivitamin adc	143	phenelzine tab	27	PHOSLYRA SOLN	119
drops		phenobarbital elixir	128	phospha 250 neutral tab	139
pediatric multivitamin	142	phenobarbital tab	128	PHOSPHOLINE OPPTH	147
w/iron chew tab		phenoxybenzamine cap	43	SOLN	
pediatric multivitamin	142	phentermine cap	1	phytonadione tab	173
w/iron drops		phentermine tab	1	PIFELTRO TAB	75
pediatric multivitamin	142	phenyldphrine/bromphenir	94	pilocarpine ophth soln	148
w/minerals gummy		amine elixir		pilocarpine tab	141
pediatric multivitamin	143	PHENYLDPHRINE/BRO	94	PIMOZIDE TAB	160
w/vitamin c soln		MPHENIRAMINE TAB		pindolol tab	82
pediatric multivitamin	143	phenylephrine ophth soln	147	pioglitazone tab	33
w/vitamin C/iron chew tab		phenylephrine tab	145	piperonyl	108
peg 3350/electrolytes soln	130	phenylephrine/chlorphenir	94	butoxide/pyrethrins liquid	
PEGASYS INJ	79	amine liquid		piperonyl	109
penicillamine tab	140	phenylephrine/chlorphenir	94	butoxide/pyrethrins	
penicillin vk soln	155	amine tab		shampoo	

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## ALPHABETICAL LISTING OF DRUGS

PIQRAY TAB	57	potassium citrate/citric acid powder pack	119	PREDNISOLONE	151
piroxicam cap	6	potassium citrate/citric acid soln	119	SODIUM PHOSPHATE	
PLAN B TAB	88	povidone-iodine soln	70	OPHTH SOLN	
PLEGRIDY INJ	160	PRADAXA CAP	22	prednisolone soln	89
PLEGRIDY PEN INJ	160	PRALUENT INJ	42	prednisolone syrup	89
PNEUMOVAX INJ	167	pramipexole tab	62	PREDNISOLONE/SULFA	151
PODOCON SOLN	107	prasugrel tab	124	CETAMIDE OPHTH SOLN	
podofilox soln	107	pravastatin tab	41	PREDNISON SOLN	89
polyethylene glycol 3350 powder	130	praziquantel tab	15	prednisone tab	90
POLYETHYLENE GRANULES	156	prazosin cap	44	pregabalin cap	24
polyethylene glycol packet	130	PRECISION XTRA METER	133	pregabalin soln	24
polymyxin b/trimethoprim ophth soln	149	PRECISION XTRA TEST STRIP	133	PREMARIN TAB	116
POMALYST CAP	52	PRED MILD OPHTH SOLN	150	PREMPHASE TAB,	116
posaconazole DR tab	38	PRED-G OPHTH SOLN	151	PREMPRO TAB	
potassium bicarbonate effer tab	139	PREDNICARBATE CREAM	105	PRENATAL VITAMINS (PRENATAL PLUS, PREPLUS, PRENAPLUS)	143
potassium chloride ER cap	139	PREDNICARBATE OINT	106	PRENATAL VITAMINS (PRENATAL PLUS/PREPLUS/PRENA PLUS)	143
potassium chloride ER tab	139	prednisolone ODT	89	PREVACID DR CAP OTC	166
potassium chloride micro tab	139	PREDNISOLONE OPHTH SUSP	151	PREVNAR 13 INJ	166
potassium chloride powder packet	139	PREDNISON ORAL SYRUP	89	PREZCOBIX TAB	75
potassium chloride soln	139			PREZISTA SUSP	75
potassium citrate CR tab	119			PREZISTA TAB	75
				PRIFTIN TAB	49

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## ALPHABETICAL LISTING OF DRUGS

primaquine tab	48	PROPANTHELINE TAB	165	<b>Q</b>	
primidone tab	24	proparacaine ophth soln	150	QBRELIS SOLN	43
probenecid tab	121	propranolol ER cap	82	QSYMIA CAP	1
PROBUPHINE KIT	12	PROPRANOLOL SOLN	83	quetiapine tab	67
prochlorperazine supp	69	propranolol tab	83	quetiapine XR tab	67
prochlorperazine tab	69	PROPRANOLOL/HYDRO	45	QUILLIVANT XR SUSP	3
PROCRIPT INJ	126	CHLOROTHIAZIDE TAB		quinapril tab	43
PROCTOFOAM HC	14	propylthiouracil tab	163	quinapril/hydrochlorothiaz	45
FOAM		pro-stat liq	146	ide tab	
proctosol HC cream	14	pseudoephedrine ER tab	145	quinidine gluconate CR tab	17
PROFILNINE SD INJ	123	pseudoephedrine syrup	145	quinidine sulfate tab	17
progesterone cap	156	pseudoephedrine tab 30mg	145	QVAR INHALER	19
PROLENSA OPHTH	152	pseudoephedrine tab 60mg	145	QVAR REDIHALER	19
SOLN		pseudoephedrine/bromphe	96		
PROMACTA TAB	126	niramine liquid		<b>R</b>	
PROMAZINE POWDER	86	pseudoephedrine/chlorphe	96	raloxifene tab	113
promethazine DM syrup	95	niramine tab		ramipril cap	43
promethazine supp	39	pseudoephedrine/triprolidi	96	ranolazine tab	15
promethazine syrup	39	ne tab		rasagiline tab	62
promethazine tab	40	psyllium cap	129	REBETOL SOLN	79
promethazine VC syrup	95	psyllium powder	129	REBINYN SOLN	123
PROMETHAZINE	95	PULMOZYME INH SOLN	162	RECOMBINATE INJ	123
VC/CODEINE SYRUP		pyrantel pamoate susp	15	REGRANEX GEL	109
promethazine/codeine	96	pyrazinamide tab	49	RELENZA DISKHALER	80
syrup		pyridostigmine CR tab	49	renaphro cap	141
PROMETHEGAN SUPP	40	pyridostigmine tab	49	RENOVA CREAM	99
propafenone ER cap	17	pyridoxine tab	173	repaglinide tab	33
propafenone tab	18	pyrimethamine tab	49	REPATHA INJ	42

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## ALPHABETICAL LISTING OF DRUGS

REPATHA	42	risperidone soln	65	selegiline cap	62
PUSHTRONEX INJ		risperidone tab	65	selegiline tab	62
RESCRIPTOR TAB	75	ritonavir tab	76	selenium sulfide lotion	103
RESTASIS OPHTH	150	rivastigmine cap	158	selenium sulfide shampoo	103
EMULSION		rivastigmine patch	158	SELZENTRY ORAL	76
RETACRIT INJ	126	rizatriptan ODT	134	SOLN	
RE VIA TAB	35	rizatriptan tab	134	SELZENTRY TAB	76
REVLIMID CAP	80	ropinirole tab	62	sennosides tab	131
REXULTI TAB	70	rosuvastatin tab 10mg	41	sennosides/docusate	130
REYATAZ CAP	75	rosuvastatin tab 20mg	41	sodium tab	
REYATAZ POWDER	75	rosuvastatin tab 40mg	41	SEREVENT DISKUS	20
PACK		rosuvastatin tab 5mg	41	INHALER	
RHO GAM PLUS INJ	154	ROZLYTREK CAP	57	SEROQUEL TAB	67
ribavirin cap	79	RUBRACA TAB	57	SEROQUEL XR TAB	67
ribavirin tab	79	RUZURGI TAB	49	sertraline conc	28
RIDAURA CAP	4	RYBELSUS TAB	31	sertraline tab	28
rifabutin cap	49	RYDAPT CAP	57	sevelamer carbonate tab	119
RIFAMATE CAP	49			SHINGRIX INJ	170
rifampin cap	49	<b>S</b>		SIGNIFOR INJ	116
riluzole tab	145	salicylic acid pad	107	sildenafil tab 20mg	85
RIMANTADINE TAB	80	saline nasal spray	144	silver sulfadiazine cream	103
RINVOQ ER TAB	3	salsalate tab	8	SIMBRINZA OPHTH	148
RISCAL-D TAB	136	SANDIMMUNE SOLN	81	SUSP	
RISPERDAL INJ	65	100MG/ML		simethicone cap	117
RISPERDAL M ODT	65	SANTYL OINT	106	simethicone chew tab	117
RISPERDAL SOLN	65	SAPHRIS SL TAB	67	simethicone drops	117
RISPERDAL TAB	65	SAVELLA PAK	159	simethicone liquid	117
risperidone ODT	65	SAVELLA TAB	159	SIMETHICONE STRIPS	117
		SEGLUROMET TAB	30		

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## ALPHABETICAL LISTING OF DRUGS

simvastatin tab	41	sodium polystyrene susp	82	SUBLOCADE INJ	12
sirolimus soln	140	sodium	99	SUBOXONE SL FILM	12
sirolimus tab	81	sulfacetamide/sulfur		SUBOXONE SL TAB	12
SIVEXTRO TAB	48	emulsion 10-5%		sucralfate susp	166
SKYRIZI INJ	103	sodium	99	sucralfate tab	165
smz/tmp (DS) tab	46	sulfacetamide/sulfur wash		sulfacetamide sodium	149
smz/tmp susp	46	9-4.5%		ophth soln	
sodium bicarbonate tab	14	SOFOSBUVIR/VELPATA	79	sulfacetamide	151
sodium chloride irr soln	120	SVIR TAB		sodium/prednisolone	
sodium chloride neb soln	97	SOMAVERT INJ	113	ophth soln	
sodium chloride ophth oint	152	sotalol AF tab	83	SULFADIAZINE TAB	163
sodium chloride ophth	152	sotalol tab	83	SULFAMYLON CREAM	103
soln		SPINOSAD SUSP	109	sulfasalazine EC tab	118
SODIUM CHLORIDE	108	SPIRIVA RESPIMAT	18	sulfasalazine tab	118
SPRAY		INHALER		sulindac tab	6
sodium chloride tab	139	spironolactone tab	112	sumatriptan inj	134
sodium citrate/citric acid	119	spironolactone/hydrochlor	111	SUMATRIPTAN INJ	134
soln		othiazide tab		6MG/0.5ML	
sodium fluoride chew tab	138	SPRYCEL TAB	58	sumatriptan tab	135
sodium fluoride cream	141	SPRYCEL TAB 20MG	58	SUNOSI TAB	2
sodium fluoride gel	141	stavudine cap	76	SUSTIVA CAP	76
sodium fluoride paste	141	stavudine soln	76	SUSTIVA TAB	76
sodium fluoride soln	138	STEGLATRO TAB	33	SUTENT CAP	58
sodium fluoride/potassium	141	STIMATE NASAL SOLN	115	SYMBYAX CAP	159
nitrate paste		STIOLTO INHALER	20	SYMDEKO TAB	162
sodium phosphate enema	131	STIVARGA TAB	58	SYMFI (LO) TAB	76
sodium polystyrene	81	STRENSIQ INJ	115	SYMJEPI INJ	172
powder		STRIBILD TAB	76	SYMPROIC TAB	118

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## ALPHABETICAL LISTING OF DRUGS

SYMTUZA TAB	76	temozolomide cap	50	theophylline ER tab	21
SYNAREL NASAL SOLN	114	tenofovir disoproxil fumarate tab	76	theophylline soln	21
<b>T</b>					
TABLOID TAB	50	terazosin cap	44	thiamine tab	173
tacrolimus cap	81	terbinafine cream	101	thioridazine tab	69
tacrolimus oint	107	terbinafine tab	37	thiothixene cap	70
tadalafil tab	84	terbutaline sulfate tab	21	throat lozenge	140
tadalafil tab (PAH)	85	terconazole cream	171	THYROLAR TAB	164
TAFINLAR CAP	58	terconazole supp	171	tiagabine tab	24
TAGRISSE TAB	58	TERCONAZOLE VAGINAL CREAM	171	TIBSOVO TAB	58
TALZENNA CAP 0.25MG	58	testosterone cypionate inj	13	ticlopidine tab	124
TALZENNA CAP 1MG	58	testosterone gel 1% 25mg	13	timolol maleate ophth gel	146
tamoxifen tab	52	testosterone gel 1% 50mg	13	timolol maleate ophth soln	147
tamsulosin cap	120	testosterone gel 1% pump	13	timolol maleate tab	83
TARGRETIN GEL	102	testosterone gel 1.62%	13	TIMOLOL OPHTH GEL SOLN	147
TASIGNA CAP	58	1.25gm		tioconazole vaginal oint	171
TAVALISSE TAB	123	testosterone gel 1.62%	13	TIVICAY TAB	77
tazarotene cream	103	2.5gm		tizanidine tab	144
TECFIDERA CAP	160	testosterone pump 1.62%	13	TOBRADEX OPHTH OINT	151
TECFIDERA STARTER PACK	160	TETANUS/DIPHThERIA	164	tobramycin neb soln	3
TECHLITE INSULIN SYRINGE	134	TOXOID INJ		tobramycin ophth soln	149
TECHLITE PEN NEEDLE	134	tetrabenazine tab	159	tobramycin/dexamethason e ophth soln	151
TEGSEDI INJ	161	tetrahydrozoline ophth soln	149	TODAY SPONGE	171
telmisartan tab	43	THALOMID CAP	81	TOLAZAMIDE TAB	33
temazepam cap 15mg	129	THEOCHRON TAB	21	TOLBUTAMIDE TAB	33
temazepam cap 30mg	129	theophylline CR tab	21	tolnaftate aerosol	101

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## ALPHABETICAL LISTING OF DRUGS

tolnaftate cream	101	triamterene/hydrochloroth	111	TRUEPLUS PEN	134
tolnaftate powder	101	iazide cap		NEEDLE	
tolterodine SR cap	167	TRIAMTERENE/HYDRO	111	TRULICITY INJ	31
tolterodine tab	167	CHLOROTHIAZIDE CAP		TRUMENBA INJ	168
topiramate sprinkle cap	24	50-25mg		TRUVADA TAB	77
topiramate tab	24	triamterene/hydrochloroth	111	TURALIO CAP	58
toremifene tab	52	iazide tab		TUSSIN CF LIQUID	96
toremide tab	111	triazolam tab	129	TWINRIX INJ	170
TRACLEER TAB 32MG	85	tricon cap	127	TYBOST TAB	77
tramadol tab	10	trifluoperazine tab	69	TYKERB TAB	59
tranexamic acid tab	128	trifluridine ophth soln	149	TYMLOS INJ	113
tranylcypromine tab	27	trihexyphenidyl elixir	63	TYVASO INH SOLN	84
trazodone tab	28	trihexyphenidyl tab	61	<hr/>	
TRELEGY ELLIPTA	21	TRIKAFTA TAB	162	<b>U</b>	
INHALER		tri-legest tab	88	UPTRAVI TAB	86
tretinoin cap	50	TRI-LUMA CREAM	108	ursodiol cap	118
tretinoin cream	99	trilyte soln	130	ursodiol tab	118
tretinoin gel	99	trimethobenzamide cap	36	<hr/>	
TRETTIN INJ	123	trimethoprim tab	46	<b>V</b>	
triamcinolone cream	106	tri-sprintec tab	88	valacyclovir tab	80
triamcinolone in orabase	141	TRIUMEQ TAB	77	VALCHLOR GEL	102
paste		tri-vit/iron/fluoride drop	142	valganciclovir soln	78
triamcinolone lotion	106	TRIZIVIR TAB	77	valganciclovir tab	78
triamcinolone nasal spray	144	TROGARZO INJ	77	valproic acid cap	26
triamcinolone oint	106	tropicamide ophth soln	147	valproic acid syrup	26
triamcinolone otc nasal	145	TRUEPLUS INSULIN	134	valsartan tab	43
spray		SYRINGE		valsartan/hydrochlorothiazi	46
				de tab	
				vancomycin cap	47

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

<b>NC =Not Covered</b>		<b>generic =small letters</b>		<b>BRANDS =CAPITAL LETTERS</b>	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program		

ALPHABETICAL LISTING OF DRUGS

VANIQA CREAM	107	VIMPAT SOLN	24	VOSEVI TAB	79
varденаfil tab	84	VIMPAT TAB	24	VOTRIENT TAB	59
VARIVAX INJ	170	viorele tab, kariva tab	88	VRAYLAR PACK	64
VARUBI TAB	37	VIRACEPT POWDER	77	VYNDAMAX CAP	86
VAXCHORA SUSP	168	VIRACEPT TAB	77	VYNDAQEL CAP	86
vcf vaginal gel	171	VIRAMUNE SUSP	77	<hr/>	
velivet tab	88	VIRAMUNE TAB	77	<b>W</b>	
VEMLIDY TAB	79	VIRAMUNE XR TAB	77	WAKIX TAB	2
VENCLEXTA STARTER	51	VIREAD POW	78	warfarin tab	21
PACK		VIREAD TAB	78	WINRHO SDF INJ	154
VENCLEXTA TAB	51	VIREAD TAB 300MG	78	<hr/>	
VENELEX OINT	109	vitamin a - d oint	106	<b>X</b>	
venlafaxine ER cap	28	vitamin B complex cap	141	XADAGO TAB	62
VENTAVIS INH SOLN	85	VITAMIN B-12 TAB	125	XALKORI CAP	59
VERAPAMIL CAP	83	VITAMIN C TAB	173	XARELTO STARTER	21
verapamil SR cap	84	vitamin D cap	173	PACK	
VERAPAMIL SR CAP	84	VITAMIN D TAB	173	XARELTO TAB	21
360MG		400UNIT		XELJANZ TAB	3
verapamil SR tab	84	VITEKTA TAB	78	XELJANZ XR TAB	3
verapamil tab	84	VITRAKVI CAP 100MG	59	XEMBIFY INJ	155
VERSACLOZ SUSP	67	VITRAKVI CAP 25MG	59	XENLETA TAB	48
VERZENIO TAB	59	VITRAKVI SOLN	59	XIFAXAN TAB 200MG	46
VEXOL OPHTH SUSP	151	VIVITROL INJ	35	XIFAXAN TAB 550MG	46
V-GO INJ KIT	133	VIVOTIF CAP	168	XOSPATA TAB	59
vienva tab, lessina tab,	88	VIZIMPRO TAB	59	XPOVIO PAK	52
kurvelo tab		VONVEDI INJ	123	XTAMPZA ER CAP	10
vigabatrin powder pack	25	voriconazole susp	38	XULANE PATCH	88
vigabatrin tab	25	voriconazole tab	38	XYNTHA INJ	123
				XYREM SOLN	157

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

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## ALPHABETICAL LISTING OF DRUGS

<b>Z</b>				
		ZYLET OPHTH SUSP	151	
zaleplon cap	129	ZYPREXA INJ	67	
ZARXIO INJ	126	ZYPREXA RELPREVV	68	
ZEJULA CAP	59	INJ		
ZELBORAF TAB	59	ZYPREXA TAB	68	
ZERIT CAP	78	ZYPREXA ZYDIS TAB	68	
ZERIT SOLN	78			
ZIAGEN SOLN	78			
ZIAGEN TAB	78			
zidovudine cap	78			
zidovudine syrup	78			
zidovudine tab	78			
ZIEXTENZO INJ	126			
zinc oxide oint	108			
zinc oxide paste	108			
zinc sulfate cap	139			
ziprasidone cap	64			
ziprasidone mesylate inj	64			
ZIRGAN OPHTH GEL	149			
ZOLINZA CAP	60			
zolpidem tab	129			
zonisamide cap	24			
ZORTRESS TAB 1MG	81			
ZOSTAVAX INJ	170			
ZUBSOLV SL TAB	12			
ZYDELIG TAB	60			
ZYKADIA CAP	60			
ZYKADIA TAB	60			

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**L.A. CARE HOME INFUSION LIST**  
**Alphabetical Index**

7/1/2020

**Search Tip:**

This is a large document, but you can search quickly and easily by clicking on the binocular icon on your toolbar or using the CTRL+F search function from your keyboard. It will then display a search box for you to type in the name of the drug you want to locate. If you do not know the correct spelling, you can start your search by entering just the first few letters of the name.

**NC** =Not Covered

**generic** =small letters

**BRANDS** =CAPITAL LETTERS

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.

\*\* Products listed may not be all inclusive and are subject to change.

\*\*\*Products are limited to the L.A. Care Home Infusion Network Pharmacies.

**L.A. Care Home Infusion List**

**Alphabetical Index**

**Last Updated 7/1/2020**

<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
ABELCET INJ	-	F	ANTIFUNGALS
ABRAXANE INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ACTEMRA INJ	PA	F	ANALGESICS - ANTI-INFLAMMATORY
ACTIVASE INJ	-	F	HEMATOLOGICAL AGENTS - MISC.
ACYCLOVIR INJ	-	F	ANTIVIRALS
acyclovir sodium IV soln.	-	F	ANTIVIRALS
ADAGEN INJ	-	F	BIOLOGICALS MISC
ADDAMEL N INJ	-	F	MINERALS & ELECTROLYTES
ADRIAMYCIN INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
A-HYDROCORT INJ	-	F	CORTICOSTEROIDS
albuminar inj	-	F	HEMATOLOGICAL AGENTS - MISC.
ALCOHOL/ D5W INJ	-	F	NUTRIENTS
ALDURAZYME INJ	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
ALIMTA INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ALIQOPA INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
allopurinol inj	-	F	GOUT AGENTS
ALOXI IV SOLN	-	F	ANTIEMETICS
AMBISOME INJ	-	F	ANTIFUNGALS
amifostine inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AMIKACIN INJ	-	F	AMINOGLYCOSIDES
aminophylline inj	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
AMINOSYN II INJ	-	F	NUTRIENTS
aminosyn-hf inj	-	F	NUTRIENTS
AMINOSYN-RF INJ	-	F	NUTRIENTS
AMIODARONE INJ	-	F	ANTIARRHYTHMICS
AMIODARONE/DEXTROSE INJ	-	F	ANTIARRHYTHMICS
amosyn ii inj	-	F	NUTRIENTS
AMMONIUM CHLORIDE INJ	-	F	MINERALS & ELECTROLYTES
AMPHOTEC INJ	-	F	ANTIFUNGALS
AMPHOTERICIN INJ	-	F	ANTIFUNGALS
ampicillin inj	-	F	PENICILLINS
AMPICILLIN/SULBACTAM INJ	-	F	PENICILLINS
ampicillin-sulbactam inj	-	F	PENICILLINS

Symbols and abbreviations are defined on page 1.

**L.A. Care Home Infusion List Cont.**

**Alphabetical Index**

**Last Updated 7/1/2020**

<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
AMP-SULBACTA INJ	-	F	PENICILLINS
ARALAST NP INJ	--PA	F	RESPIRATORY AGENTS - MISC.
argatroban inj	-	F	ANTICOAGULANTS
ARRANON INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
arsenic trioxide inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
arsenic trioxide inj 10mg/10ml	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ARZERRA INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ATGAM INJ	-	F	ASSORTED CLASSES
ATROPINE SULFATE INJ	-	F	ULCER DRUGS
AVASTIN INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AVYCAZ INJ	-	F	CEPHALOSPORINS
azacitidine inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AZACTAM/DEXTROSE INJ	-	F	ANTI-INFECTIVE AGENTS - MISC.
AZATHIOPRINE INJ	-	F	ASSORTED CLASSES
AZEDRA INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
azithromycin inj	-	F	MACROLIDES
aztreonam inj	-	F	ANTI-INFECTIVE AGENTS - MISC.
BACTOCILL/DEXTROSE INJ	-	F	PENICILLINS
BALEODAQ INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BAXDELA INJ	-	F	FLUOROQUINOLONES
BENLYSTA IV SOLN	PA	F	ASSORTED CLASSES
benztropine inj	-	F	ANTIPARKINSON AGENTS
BERINERT INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
BESPONSA INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BICILLIN C-R INJ	-	F	PENICILLINS
BLEO INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
bleomycin inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BORTEZOMIB INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

Symbols and abbreviations are defined on page 1.

**L.A. Care Home Infusion List Cont.**

**Alphabetical Index**

**Last Updated 7/1/2020**

<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
BOTOX INJ	PA	F	NEUROMUSCULAR AGENTS
busulfan inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BUSULFEX INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BUTORPHANOL INJ	-	F	ANALGESICS - OPIOID
calcium gluconate inj	-	F	MINERALS & ELECTROLYTES
CAMPATH INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CANCIDAS INJ	-	F	ANTIFUNGALS
CAPASTAT INJ	-	F	ANTIMYCOBACTERIAL AGENTS
carboplatin inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CARDENE INJ	-	F	CALCIUM CHANNEL BLOCKERS
CARIMUNE NANOFILTERED INJ	PA	F	PASSIVE IMMUNIZING AGENTS
carmustine inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
casprofungin acetate iv soln	-	F	ANTIFUNGALS
casprofungin inj	-	F	ANTIFUNGALS
CATHFLO ACTIVASE INJ	-	F	HEMATOLOGICAL AGENTS - MISC.
cefazolin inj	-	F	CEPHALOSPORINS
CEFAZOLIN/D5W INJ	-	F	CEPHALOSPORINS
CEFAZOLIN/DEXTROSE SOLN	-	F	CEPHALOSPORINS
cefepime inj	-	F	CEPHALOSPORINS
CEFEPIME IV SOLN	-	F	CEPHALOSPORINS
cefotaxime inj	-	F	CEPHALOSPORINS
CEFOTETAN INJ	-	F	CEPHALOSPORINS
CEFOXITIN INJ	-	F	CEPHALOSPORINS
ceftazidime inj	-	F	CEPHALOSPORINS
ceftazidime IV soln	-	F	CEPHALOSPORINS
ceftriaxone inj	-	F	CEPHALOSPORINS
CEFTRIAXONE/DEXTROSE INJ	-	F	CEPHALOSPORINS
cefuroxime inj	-	F	CEPHALOSPORINS
CEFUROXIME/DEXTROSE INJ	-	F	CEPHALOSPORINS
CEREDASE INJ	-	F	HEMATOPOIETIC AGENTS
CEREZYME INJ	-	F	HEMATOPOIETIC AGENTS
CHLORAMPHENICOL INJ	-	F	ANTI-INFECTIVE AGENTS - MISC.
chlorothiazide inj (DIURIL IV INJ equiv)	-	F	DIURETICS
CHROMIUM CHLORIDE INJ	-	F	MINERALS & ELECTROLYTES
cidofovir inj	-	F	ANTIVIRALS

Symbols and abbreviations are defined on page 1.

**L.A. Care Home Infusion List Cont.**

**Alphabetical Index**

**Last Updated 7/1/2020**

<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
cilastatin/imipenem inj	-	F	ANTI-INFECTIVE AGENTS - MISC.
cimetidine inj	-	F	ULCER DRUGS
CINQAIR INJ	PA	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
CINRYZE INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
CINVANTI INJ	-	F	ANTIEMETICS
ciprofloxacin inj	-	F	FLUOROQUINOLONES
CIPROFLOXACN INJ	-	F	FLUOROQUINOLONES
cisplatin inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
cladribine inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CLAFORAN INJ	-	F	CEPHALOSPORINS
CLEOCIN INJ	-	F	ANTI-INFECTIVE AGENTS - MISC.
clindamycin inj	-	F	ANTI-INFECTIVE AGENTS - MISC.
CLINIMIX E INJ	-	F	NUTRIENTS
CLINIMIX INJ	-	F	NUTRIENTS
clofarabine inj (CLOLAR equiv)	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
COUMADIN INJ	-	F	ANTICOAGULANTS
CUPRIC CHLORIDE INJ	-	F	MINERALS & ELECTROLYTES
cyclophosphamide inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
cyclosporine inj	-	F	ASSORTED CLASSES
CYRAMZA INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
cytarabine inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
d10w/ nacl inj	-	F	MINERALS & ELECTROLYTES
D10W/NACL INJ	-	F	MINERALS & ELECTROLYTES
d2.5w/ nacl inj	-	F	MINERALS & ELECTROLYTES
D2.5W/NACL INJ	-	F	MINERALS & ELECTROLYTES
d5w/ nacl inj	-	F	MINERALS & ELECTROLYTES
D5W/LYTES INJ	-	F	MINERALS & ELECTROLYTES
D5W/NACL INJ	-	F	MINERALS & ELECTROLYTES
dacarbazine inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
dactinomycin inj 0.5mg	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
DALVANCE INJ	-	F	ANTI-INFECTIVE AGENTS - MISC.

Symbols and abbreviations are defined on page 1.



**L.A. Care Home Infusion List Cont.**

**Alphabetical Index**

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
daptomycin inj	-	F	ANTI-INFECTIVE AGENTS - MISC.
DAPTOMYCIN IV SOLN	-	F	ANTI-INFECTIVE AGENTS - MISC.
DAUNORUBICIN INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
DAUNOXOME INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
decitabine inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
deferoxamine mesylate inj	-	F	ANTIDOTES
DEPO-MEDROL INJ	-	F	CORTICOSTEROIDS
DEPO-PROVERA SC INJ	-	F	CONTRACEPTIVES
DEXAMETHASONE INJ	-	F	CORTICOSTEROIDS
dexamethasone phosphate inj	-	F	CORTICOSTEROIDS
dexamethasone sodium phosphate inj	-	F	CORTICOSTEROIDS
dexferrum inj	-	F	HEMATOPOIETIC AGENTS
dexrazoxane inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
dextrose 5% in lactated ringers	-	F	MINERALS & ELECTROLYTES
DEXTROSE INJ	-	F	NUTRIENTS
diazepam inj	-	F	ANTI-ANXIETY AGENTS
DILAUDID PF INJ	-	F	ANALGESICS - OPIOID
diltiazem inj	-	F	CALCIUM CHANNEL BLOCKERS
diphenhydramine inj	-	F	ANTIHISTAMINES
dobutamine/d5w inj	-	F	VASOPRESSORS
DOCEFREZ INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
DOCETAXEL INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
docetaxel IV soln	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
dopamine inj	-	F	VASOPRESSORS
DORIBAX INJ	-	F	ANTI-INFECTIVE AGENTS - MISC.
DORIPENEM INJ	-	F	ANTI-INFECTIVE AGENTS - MISC.
doxercalciferol inj (HECTOROL INJ equiv)	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
doxorubicin inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
doxycycline hyclate inj	-	F	TETRACYCLINES
DUROLANE	PA	F	MUSCULOSKELETAL THERAPY AGENTS

Symbols and abbreviations are defined on page 1.

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
DYSPORT	PA	F	NEUROMUSCULAR AGENTS
ELAPRASE INJ	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
ELIGARD INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ELITEK INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ELLENCE INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ELOXATIN INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ELSPAR INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EMEND INJ	-	F	ANTIEMETICS
ENTYVIO INJ	PA	F	GASTROINTESTINAL AGENTS - MISC.
epinephrine inj	-	F	VASOPRESSORS
EPINEPHRINE IV SOLN	-	F	VASOPRESSORS
epirubicin inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
epoprostenol inj	PA	F	CARDIOVASCULAR AGENTS - MISC.
ERAXIS INJ	-	F	ANTIFUNGALS
ERBITUX INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ertapenem inj	-	F	ANTI-INFECTIVE AGENTS - MISC.
ERWINAZE INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ERYTHROCIN INJ	-	F	MACROLIDES
ESOMEPRAZOLE INJ	-	F	ULCER DRUGS
esomeprazole inj (NEXIUM I.V. equiv)	-	F	ULCER DRUGS
estradiol valerate inj	-	F	ESTROGENS
ETOPOPHOS INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
etoposide inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EUFLEXXA	PA	F	MUSCULOSKELETAL THERAPY AGENTS
EXONDYS 51 SOLN	-	F	NEUROMUSCULAR AGENTS
FABRAZYME INJ	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
FAMOTIDINE INJ	-	F	ULCER DRUGS

Symbols and abbreviations are defined on page 1.

**L.A. Care Home Infusion List Cont.**

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
famotidine inj (PEPCID equiv)	-	F	ULCER DRUGS
FASENRA INJ	PA	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FERAHEME INJ	-	F	HEMATOPOIETIC AGENTS
ferric gluconate IV soln	-	F	HEMATOPOIETIC AGENTS
FERRLECIT INJ	-	F	HEMATOPOIETIC AGENTS
FIRMAGON INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FLEBOGAMMA INJ	PA	F	PASSIVE IMMUNIZING AGENTS
FLOLAN INJ	-	NC	CARDIOVASCULAR AGENTS - MISC.
fluconazole/ dextrose inj	-	F	ANTIFUNGALS
FLUCONAZOLE/DEXTROSE INJ	-	F	ANTIFUNGALS
fluconazole/nacl inj	-	F	ANTIFUNGALS
fludarabine inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
fluorouracil inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
folic acid inj	-	F	HEMATOPOIETIC AGENTS
FOLOTYN INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
fomepizole inj	-	F	ANTIDOTES
FORTAZ INJ	-	F	CEPHALOSPORINS
fosaprepitant dimeglumine soln	-	F	ANTIEMETICS
FOSCARNET INJ	-	F	ANTIVIRALS
fosphenytoin inj	-	F	ANTICONVULSANTS
FREAMINE HBC INJ	-	F	NUTRIENTS
freamine iii inj	-	F	NUTRIENTS
furosemide inj	-	F	DIURETICS
GAMMAGARD INJ	PA	F	PASSIVE IMMUNIZING AGENTS
GAMMAGARD SD INJ	PA	F	PASSIVE IMMUNIZING AGENTS
GAMMAPLEX INJ	PA	F	PASSIVE IMMUNIZING AGENTS
GANCICLOVIR INJ	-	F	ANTIVIRALS
GAZYVA INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
GEL-ONE	-	NC	MUSCULOSKELETAL THERAPY AGENTS
GELSYN-3	PA	F	MUSCULOSKELETAL THERAPY AGENTS
GEMCITABINE INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

Symbols and abbreviations are defined on page 1.

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**Last Updated 7/1/2020**

<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
gentamicin inj	-	F	AMINOGLYCOSIDES
gentamicin/ nacl inj	-	F	AMINOGLYCOSIDES
GENTAMICIN/NACL INJ	-	F	AMINOGLYCOSIDES
GENVISC 850	-	NC	MUSCULOSKELETAL THERAPY AGENTS
GLASSIA INJ	-	F	RESPIRATORY AGENTS - MISC.
GLYRX-PF SOLN	-	F	ULCER DRUGS
GRANISETRON HCL INJ	-	F	ANTIEMETICS
granisetron HCl inj (KYTRIL INJ equiv)	-	F	ANTIEMETICS
granisetron inj (KYTRIL INJ equiv)	-	F	ANTIEMETICS
GRANISOL SOLN	-	F	ANTIEMETICS
HAEGARDA INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
HALAVEN INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
HECTOROL INJ	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
HEPAGAM B INJ	PA	F	PASSIVE IMMUNIZING AGENTS
heparin inj	-	F	ANTICOAGULANTS
HEPARIN LOCK FLUSH IV SOLN	-	F	ANTICOAGULANTS
heparin lock flush soln	-	F	ANTICOAGULANTS
HEPARIN SODIUM INJ	-	F	ANTICOAGULANTS
heparin sodium/ d5w inj	-	F	ANTICOAGULANTS
HEPARIN SODIUM/D5W INJ	-	F	ANTICOAGULANTS
heparin sodium/nacl inj	-	F	ANTICOAGULANTS
heparin/d5w inj	-	F	ANTICOAGULANTS
HEPATAMINE SOLN	-	F	NUTRIENTS
HERCEPTIN INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
HERZUMA INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
HYALGAN	-	NC	MUSCULOSKELETAL THERAPY AGENTS
hydralazine inj	-	F	ANTIHYPERTENSIVES
hydromorphone inj	-	F	ANALGESICS - OPIOID
HYDROMORPHONE PF INJ	-	F	ANALGESICS - OPIOID
HYMOVIS	-	NC	MUSCULOSKELETAL THERAPY AGENTS
HYPERHEP B INJ	PA	F	PASSIVE IMMUNIZING AGENTS
ibandronate sodium inj (BONIVA equiv)	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.

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idarubicin inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IFEX INJ 3GM	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ifosfamide inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
INFED INJ	-	F	HEMATOPOIETIC AGENTS
INFLECTRA INJ 100MG	-	NC	GASTROINTESTINAL AGENTS - MISC.
INFUVITE INJ	-	F	MULTIVITAMINS
INJECTAFER INJ	-	F	HEMATOPOIETIC AGENTS
intralipid (LIPODYN equiv)	-	F	NUTRIENTS
INTRALIPID INJ	-	F	NUTRIENTS
IONOSOL-B/ D5W INJ	-	F	MINERALS & ELECTROLYTES
IONOSOL-MB INJ D5W	-	F	MINERALS & ELECTROLYTES
IONOSOL-MB/ D5W INJ	-	F	MINERALS & ELECTROLYTES
IONOSOL-T/ D5W INJ	-	F	MINERALS & ELECTROLYTES
irinotecan inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ISOLYTE-H/ D5W INJ	-	F	MINERALS & ELECTROLYTES
isolyte-m/ d5w inj	-	F	MINERALS & ELECTROLYTES
ISOLYTE-P/ D5W INJ	-	F	MINERALS & ELECTROLYTES
ISOLYTE-S INJ	-	F	MINERALS & ELECTROLYTES
ISOLYTE-S/ D5W INJ	-	F	MINERALS & ELECTROLYTES
ISTODAX INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IXEMPRA KIT INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
JEVTANA INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KADCYLA IV SOLN	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KANAMYCIN INJ	-	F	AMINOGLYCOSIDES
KANJINTI INJ (Restricted to Oncology or Hematology Specialist)	RS	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KCL/ D10/ NAACL INJ	-	F	MINERALS & ELECTROLYTES
kcl/ d5w inj	-	F	MINERALS & ELECTROLYTES
kcl/ d5w/ nacl inj	-	F	MINERALS & ELECTROLYTES
kcl/ nacl inj	-	F	MINERALS & ELECTROLYTES
KCL/D5W INJ	-	F	MINERALS & ELECTROLYTES
KCL/D5W/LR INJ	-	F	MINERALS & ELECTROLYTES

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
KCL/D5W/NACL INJ	-	F	MINERALS & ELECTROLYTES
KCL/NACL INJ	-	F	MINERALS & ELECTROLYTES
KEPIVANCE INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ketorolac inj	-	F	ANALGESICS - ANTI-INFLAMMATORY
KEYTRUDA INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KEYTRUDA IV SOLN	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KHAPZORY SOLN	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KYPROLIS SOLN	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
labetalol inj	-	F	BETA BLOCKERS
LACTATED RINGERS INJ	-	F	MINERALS & ELECTROLYTES
lactated ringers irrigation	-	F	ASSORTED CLASSES
leucovorin inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
leuprolide inj	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
levetiracetam inj	-	F	ANTICONVULSANTS
levofloxacin inj	-	F	FLUOROQUINOLONES
levofloxacin/d5w inj	-	F	FLUOROQUINOLONES
levoleucovorin inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
levothyroxine inj	-	F	THYROID AGENTS
lidocaine inj	-	F	LOCAL ANESTHETICS-PARENTERAL
LINEZOLID IV SOLN	-	F	ANTI-INFECTIVE AGENTS - MISC.
liothyronine inj (TRIOSTAT equiv)	-	F	THYROID AGENTS
lipodox inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LIPOSYN	-	F	NUTRIENTS
lorazepam inj	-	F	ANTI-ANXIETY AGENTS
LUMOXITI INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LUPRON DEPO-PED INJ	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
LUPRON DEPOT INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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LUPRON DEPOT PEDIATRIC INJ	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
magnesium sulfate inj	-	F	MINERALS & ELECTROLYTES
magnesium sulfate/d5w inj	-	F	MINERALS & ELECTROLYTES
magnesium sulfate/inj	-	F	MINERALS & ELECTROLYTES
MANGANESE SULFATE INJ	-	F	MINERALS & ELECTROLYTES
mannitol inj	-	F	DIURETICS
MARQIBO INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MAXIPIME INJ	-	F	CEPHALOSPORINS
medroxyprogesterone inj	-	F	CONTRACEPTIVES
melphalan inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
meropenem inj	-	F	ANTI-INFECTIVE AGENTS - MISC.
mesna inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
methylprednisolone acetate inj (DEPO-MEDROL INJ. equiv)	-	F	CORTICOSTEROIDS
methylprednisolone inj	-	F	CORTICOSTEROIDS
methylprednisolone inj (SOLU-MEDROL INJ. equiv)-	-	F	CORTICOSTEROIDS
METHYLPREDNISOLONE POWDER	-	F	CORTICOSTEROIDS
metoclopramide inj	-	F	GASTROINTESTINAL AGENTS - MISC.
metoprolol inj	-	F	BETA BLOCKERS
METOPROLOL TARTRATE CARTRIDGE	-	F	BETA BLOCKERS
metronidazole/ nacl inj	-	F	ANTI-INFECTIVE AGENTS - MISC.
micafungin inj	-	F	ANTIFUNGALS
milrinone inj	-	F	CARDIOTONICS
MINOCIN INJ	-	F	TETRACYCLINES
mitomycin inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
mitoxantron inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MONOVISC	-	NC	MUSCULOSKELETAL THERAPY AGENTS
MORPHINE SULFATE INJ	-	F	ANALGESICS - OPIOID
MORPHINE SULFATE PREFILLED INJ	-	F	ANALGESICS - OPIOID
MOXIFLOXACIN INJ	-	F	FLUOROQUINOLONES
MOZOBIL INJ	-	F	HEMATOPOIETIC AGENTS
MUSTARGEN INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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mycophenolate inj (CELLCEPT equiv)	-	F	ASSORTED CLASSES
MYOZYME/LUMIZYME INJ	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
NAFCILLIN INJ	-	F	PENICILLINS
NAFCILLIN SODIUM IN DEXTROSE INJ	-	F	PENICILLINS
NAGLAZYME INJ	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
NALLPEN/DEX INJ	-	F	PENICILLINS
NEPHRAMINE INJ	-	F	NUTRIENTS
NEXTERONE INJ	-	F	ANTIARRHYTHMICS
nicardipine inj	-	F	CALCIUM CHANNEL BLOCKERS
NICARDIPINE/NACL INJ	-	F	CALCIUM CHANNEL BLOCKERS
NITROGLYCERIN IV SOLN	-	F	ANTIANGINAL AGENTS
normosol -r/ d5w inj	-	F	MINERALS & ELECTROLYTES
NORMOSOL- R/D5W INJ	-	F	MINERALS & ELECTROLYTES
NORMOSOL-M/D5W INJ	-	F	MINERALS & ELECTROLYTES
NORMOSOL-R INJ	-	F	MINERALS & ELECTROLYTES
novamine inj	-	F	NUTRIENTS
NPLATE INJ	-	F	HEMATOPOIETIC AGENTS
NUCALA INJ	PA	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
NULOJIX INJ	-	F	ASSORTED CLASSES
OCREVUS INJ	PA	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
OCTAGAM INJ	PA	F	PASSIVE IMMUNIZING AND TREATMENT AGENTS
OGIVRI INJ (Restricted to Oncology or HematologyRS Specialist)		F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ONCASPAR INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ondansetron inj	-	F	ANTIEMETICS
ONPATTRO SOLN	PA	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ONTAK INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ONTRUZANT INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
OPDIVO INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ORENCIA INJ	PA	F	ANALGESICS - ANTI-INFLAMMATORY

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ORTHOVISC	-	NC	MUSCULOSKELETAL THERAPY AGENTS
ORTHOVISC INJ	-	F	MUSCULOSKELETAL THERAPY AGENTS
OSMITROL INJ	-	F	DIURETICS
oxacillin inj	-	F	PENICILLINS
oxaliplatin inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
paclitaxel inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PALONOSETRON INJ	-	F	ANTIEMETICS
PAMIDRONATE INJ	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
pantoprazole inj (PROTONIX INJ. equiv)	-	F	ULCER DRUGS
PANZYGA INJ	PA	F	PASSIVE IMMUNIZING AND TREATMENT AGENTS
paricalcitol inj	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
PARSABIV INJ	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
PENICILLIN G PROCAINE INJ	-	F	PENICILLINS
PENICILLIN G SODIUM INJ	-	F	PENICILLINS
penicillin gk inj	-	F	PENICILLINS
PENICILLIN GK/DEXTROSE INJ	-	F	PENICILLINS
pentamidine inj	-	F	ANTI-INFECTIVE AGENTS - MISC.
pentostatin inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PERJETA INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PFIZERPEN-G INJ	-	F	PENICILLINS
phenytoin inj	-	F	ANTICONVULSANTS
PHOTOFRIN INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
physiosol irrigation soln.	-	F	ASSORTED CLASSES
piperacillin/tazobactam inj	-	F	PENICILLINS
PLASMA-LYTE INJ	-	F	MINERALS & ELECTROLYTES
PLASMA-LYTE/ D5W INJ	-	F	MINERALS & ELECTROLYTES
PLASMA-LYTE-A INJ	-	F	MINERALS & ELECTROLYTES
plasma-lyte-r inj	-	F	MINERALS & ELECTROLYTES
polymyxin b inj	-	F	ANTI-INFECTIVE AGENTS - MISC.

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POTASSIUM CHLORIDE INJ	-	F	MINERALS & ELECTROLYTES
POTASSIUM CHLORIDE/NACL INJ	-	F	MINERALS & ELECTROLYTES
POTASSIUM PHOSPHATE INJ	-	F	MINERALS & ELECTROLYTES
POTELIGEO INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
premasol inj	-	F	NUTRIENTS
PRIMAXIN INJ	-	F	ANTI-INFECTIVE AGENTS - MISC.
PRIVIGEN INJ	PA	F	PASSIVE IMMUNIZING AGENTS
procainamide inj	-	F	ANTIARRHYTHMICS
PROCALAMINE INJ	-	F	NUTRIENTS
PROCHLORPERAZINE INJ	-	F	ANTIPSYCHOTICS/ANTIMANIC AGENTS
progesterone IM inj	-	F	PROGESTINS
PROGRAF INJ	-	F	ASSORTED CLASSES
PROLASTIN-C INJ	PA	F	RESPIRATORY AGENTS - MISC.
PROLEUKIN INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PROLIA SOLN	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
propranolol inj	-	F	BETA BLOCKERS
PROSOL INJ	-	F	NUTRIENTS
QUINIDINE GLUCONATE INJ	-	F	ANTIARRHYTHMICS
RADICAVA INJ	PA	F	NEUROMUSCULAR AGENTS
ranitidine inj	-	F	ULCER DRUGS
REMICADE INJ	-	NC	GASTROINTESTINAL AGENTS - MISC.
REMODULIN INJ	-	NC	CARDIOVASCULAR AGENTS - MISC.
RENAMIN INJ	-	F	NUTRIENTS
RENFLEXIS INJ	PA	F	GASTROINTESTINAL AGENTS - MISC.
ribavirin inh soln	-	F	ANTIVIRALS
rifampin inj	-	F	ANTIMYCOBACTERIAL AGENTS
ringers inj	-	F	MINERALS & ELECTROLYTES
ringers irrigation soln.	-	F	ASSORTED CLASSES
RITUXAN HYCELA INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RITUXAN INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RUCONEST INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
RUXIENCE INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SELENIOS AC INJ	-	F	MINERALS & ELECTROLYTES

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SELENIUM INJ	-	F	MINERALS & ELECTROLYTES
SIMPONI ARIA INJ	PA	F	ANALGESICS - ANTI-INFLAMMATORY
SIMULECT INJ	-	F	ASSORTED CLASSES
SMOFLIPID EMULSION	-	F	NUTRIENTS
SODIUM PHOSPHATE INJ	-	F	MINERALS & ELECTROLYTES
sodium bicarbonate inj	-	F	MINERALS & ELECTROLYTES
sodium chloride inj	-	F	MINERALS & ELECTROLYTES
SODIUM HYALURONATE	-	NC	MUSCULOSKELETAL THERAPY AGENTS
SODIUM LACTATE INJ	-	F	MINERALS & ELECTROLYTES
sodium phosphate inj	-	F	MINERALS & ELECTROLYTES
sodium thiosulfate inj	-	F	ANTIDOTES
SOLIRIS IV SOLN	PA	F	HEMATOLOGICAL AGENTS - MISC.
SOLU-CORTEF INJ	-	F	CORTICOSTEROIDS
SOLU-MEDROL INJ	-	F	CORTICOSTEROIDS
SOMATULINE INJ	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
SOTALOL INJ	-	F	BETA BLOCKERS
sterile water for inj	-	F	PHARMACEUTICAL ADJUVANTS
sterile water for IV inj	-	F	PHARMACEUTICAL ADJUVANTS
sterile water irrigation	-	F	ASSORTED CLASSES
STREPTOMYCIN INJ	-	F	AMINOGLYCOSIDES
sulfamethoxazole/trimethoprim inj	-	F	ANTI-INFECTIVE AGENTS - MISC.
SUPARTZ FX	PA	F	MUSCULOSKELETAL THERAPY AGENTS
SYLATRON KIT	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SYLVANT INJ	-	F	ASSORTED CLASSES
SYNAGIS INJ	PA	F	PASSIVE IMMUNIZING AGENTS
SYNERCID INJ	-	F	ANTI-INFECTIVE AGENTS - MISC.
SYNRIBO INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SYNVISC	PA	F	MUSCULOSKELETAL THERAPY AGENTS
SYNVISC INJ	-	F	MUSCULOSKELETAL THERAPY AGENTS
SYNVISC ONE	PA	F	MUSCULOSKELETAL THERAPY AGENTS
TAXOL INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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TAXOTERE INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TAZICEF IV SOLN	-	F	CEPHALOSPORINS
TAZICEP IV SOLN	-	F	CEPHALOSPORINS
TEFLARO INJ	-	F	CEPHALOSPORINS
temsirolimus soln	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TEPADINA INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
terbutaline inj (BRETHINE INJ equiv)	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
TESTOSTERONE ENANTHATE INJ	-	F	ANDROGENS-ANABOLIC
thiotepa inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
THYMOGLOBULIN INJ	-	F	ASSORTED CLASSES
tigecycline inj	-	F	TETRACYCLINES
TIMENTIN INJ	-	F	PENICILLINS
TOBRAMYCIN INJ	-	F	AMINOGLYCOSIDES
TOBRAMYCIN/ NACL INJ	-	F	AMINOGLYCOSIDES
topotecan inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TORSEMIDE INJ	-	F	DIURETICS
TPN ELECTROL INJ	-	F	MINERALS & ELECTROLYTES
tpn electrolyte inj	-	F	MINERALS & ELECTROLYTES
tranexamic acid inj	-	F	HEMOSTATICS
TRAZIMERA INJ (Restricted to Oncology or Hematology Specialist)	RS	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TREANDA INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
treprostinil inj	PA	F	CARDIOVASCULAR AGENTS - MISC.
triamcinolone acetonide inj	-	F	CORTICOSTEROIDS
TRILURON	-	NC	MUSCULOSKELETAL THERAPY AGENTS
TRISENOX SOLN	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TRIVISC	-	NC	MUSCULOSKELETAL THERAPY AGENTS
TRUXIMA INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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TYSABRI INJ	PA	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
UVADEX INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
valproate inj	-	F	ANTICONVULSANTS
VANCOMYCIN INJ	-	F	ANTI-INFECTIVE AGENTS - MISC.
VANCOMYCIN/DEXTROSE INJ	-	F	ANTI-INFECTIVE AGENTS - MISC.
VANCOMYCIN/NACL INJ 1.5 GM/300ML	-	F	ANTI-INFECTIVE AGENTS - MISC.
VECTIBIX IV SOLN	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VELCADE INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VELETRI INJ	-	NC	CARDIOVASCULAR AGENTS - MISC.
VENOFER INJ	-	F	HEMATOPOIETIC AGENTS
verapamil inj	-	F	CALCIUM CHANNEL BLOCKERS
VIMIZIM INJ	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
VIMPAT INJ	-	F	ANTICONVULSANTS
VINBLASTINE INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
vincristine inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
vinorelbine inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VISCO-3	-	NC	MUSCULOSKELETAL THERAPY AGENTS
vitamin K1 inj	-	F	VITAMINS
voriconazole inj	-	F	ANTIFUNGALS
VYXEOS INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XEOMIN INJ	PA	F	NEUROMUSCULAR AGENTS
XERAVA INJ	-	F	TETRACYCLINES
XGEVA INJ	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
XOLAIR INJ	PA	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
YERVOY INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZALTRAP INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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ZANOSAR INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZANTAC INJ	-	F	ULCER DRUGS
ZEMDRI INJ	-	F	AMINOGLYCOSIDES
ZERBAXA INJ	-	F	CEPHALOSPORINS
ZINACEF INJ	-	F	CEPHALOSPORINS
ZINACEF/ D5W INJ	-	F	CEPHALOSPORINS
ZINACEF/ H2O INJ	-	F	CEPHALOSPORINS
ZINC CHLORIDE INJ	-	F	MINERALS & ELECTROLYTES
ZOLEDRONIC ACID INJ	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
zoledronic acid inj (ZOMETA INJ. equiv)	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
zoledronic acid IV soln. (RECLAST INJ. equiv)	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
ZOMETA INJ	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
ZOSYN/ DEXTROSE INJ	-	F	PENICILLINS
ZYVOX IV SOLN	-	F	ANTI-INFECTIVE AGENTS - MISC.

Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
<b>AMINOGLYCOSIDES</b>		
<b>AMINOGLYCOSIDES</b>		
AMIKACIN INJ	-	F
gentamicin inj	-	F
gentamicin/ nacl inj	-	F
GENTAMICIN/NACL INJ	-	F
KANAMYCIN INJ	-	F
STREPTOMYCIN INJ	-	F
tobramycin inj	-	F
TOBRAMYCIN/ NACL INJ	-	F
ZEMDRI INJ	-	F
<b>ANALGESICS - ANTI-INFLAMMATORY</b>		
<b>ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES</b>		
SIMPONI ARIA INJ	PA	F
<b>INTERLEUKIN-6 RECEPTOR INHIBITORS</b>		
ACTEMRA INJ	PA	F
<b>NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)</b>		
KETOROLAC INJ	-	F
<b>SELECTIVE COSTIMULATION MODULATORS</b>		
ORENCIA INJ	PA	F
<b>ANALGESICS - OPIOID</b>		
<b>OPIOID AGONISTS</b>		
DILAUDID PF INJ	-	F
hydromorphone inj	-	F
HYDROMORPHONE PF INJ	-	F
MORPHINE SULFATE INJ	-	F
MORPHINE SULFATE PREFILLED INJ	-	F
<b>OPIOID PARTIAL AGONISTS</b>		
BUTORPHANOL INJ	-	F
<b>ANDROGENS-ANABOLIC</b>		
<b>ANDROGENS</b>		
testosterone enanthate inj	-	F
<b>ANTIANGINAL AGENTS</b>		
<b>NITRATES</b>		
NITROGLYCERIN IV SOLN	-	F
<b>ANTIANSIETY AGENTS</b>		
<b>BENZODIAZEPINES</b>		
diazepam inj	-	F
lorazepam inj	-	F
<b>ANTIARRHYTHMICS</b>		
<b>ANTIARRHYTHMICS TYPE I-A</b>		
procainamide inj	-	F

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
<b>ANTIARRHYTHMICS Cont.</b>		
QUINIDINE GLUCONATE INJ	-	F
<b>ANTIARRHYTHMICS TYPE III</b>		
AMIODARONE INJ	-	F
AMIODARONE/DEXTROSE INJ	-	F
NEXTERONE INJ	-	F
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS</b>		
<b>ANTIASTHMATIC - MONOCLONAL ANTIBODIES</b>		
CINQAIR INJ	PA	F
FASENRA INJ	PA	F
NUCALA INJ	PA	F
XOLAIR INJ	PA	F
<b>SYMPATHOMIMETICS</b>		
epinephrine inj	-	F
terbutaline inj (BRETHINE INJ equiv)	-	F
<b>XANTHINES</b>		
aminophylline inj	-	F
<b>ANTICOAGULANTS</b>		
<b>COUMARIN ANTICOAGULANTS</b>		
COUMADIN INJ	-	F
<b>HEPARINS AND HEPARINOID-LIKE AGENTS</b>		
heparin inj	-	F
HEPARIN LOCK FLUSH IV SOLN	-	F
heparin lock flush soln	-	F
HEPARIN SODIUM INJ	-	F
heparin sodium/ d5w inj	-	F
HEPARIN SODIUM/D5W INJ	-	F
heparin sodium/nacl inj	-	F
HEPARIN/D5W INJ	-	F
<b>THROMBIN INHIBITORS</b>		
ARGATROBAN INJ	-	F
<b>ANTICONVULSANTS</b>		
<b>ANTICONVULSANTS - MISC.</b>		
levetiracetam inj	-	F
VIMPAT INJ	-	F
<b>HYDANTOINS</b>		
fosphenytoin inj	-	F
phenytoin inj	-	F
<b>VALPROIC ACID</b>		
valproate inj	-	F
<b>ANTIDOTES</b>		
<b>ANTIDOTES</b>		

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Symbols and abbreviations are defined on page 1.



DrugName	Special Code	Tier
<b>ANTIDOTES Cont.</b>		
deferoxamine mesylate inj	-	F
fomepizole inj	-	F
sodium thiosulfate inj	-	F
<b>ANTIDOTES AND SPECIFIC ANTAGONISTS</b>		
<b>ANTIDOTES AND SPECIFIC ANTAGONISTS</b>		
SODIUM THIOSULFATE INJ	-	F
<b>ANTIEMETICS</b>		
<b>5-HT3 RECEPTOR ANTAGONISTS</b>		
ALOXI IV SOLN	-	F
GRANISETRON HCL INJ	-	F
granisetron HCl inj (KYTRIL INJ equiv)	-	F
granisetron inj (KYTRIL INJ equiv)	-	F
GRANISOL SOLN	-	F
ondansetron inj	-	F
PALONOSETRON INJ	-	F
<b>SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS</b>		
CINVANTI INJ	-	F
EMEND INJ	-	F
fosaprepitant dimeglumine soln	-	F
<b>ANTIFUNGALS</b>		
<b>ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS (ECHINOCANDINS)</b>		
CANCIDAS INJ	-	F
casprofungin acetate iv soln	-	F
casprofungin inj	-	F
ERAXIS INJ	-	F
micafungin inj	-	F
<b>ANTIFUNGALS</b>		
ABELCET INJ	-	F
AMBISOME INJ	-	F
AMPHOTEC INJ	-	F
AMPHOTERICIN INJ	-	F
<b>IMIDAZOLE-RELATED ANTIFUNGALS</b>		
fluconazole/ dextrose inj	-	F
fluconazole/dextrose inj	-	F
fluconazole/nacl inj	-	F
voriconazole inj	-	F
<b>ANTIHISTAMINES</b>		
<b>ANTIHISTAMINES - ETHANOLAMINES</b>		
diphenhydramine inj	-	F
<b>ANTIHYPERTENSIVES</b>		
<b>VASODILATORS</b>		

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DrugName	Special Code	Tier
<b>ANTIHYPERTENSIVES Cont.</b>		
hydralazine inj	-	F
<b>ANTI-INFECTIVE AGENTS - MISC.</b>		
<b>ANTI-INFECTIVE AGENTS - MISC.</b>		
metronidazole/ nacl inj	-	F
pentamidine inj	-	F
<b>ANTI-INFECTIVE MISC. - COMBINATIONS</b>		
sulfamethoxazole/trimethoprim inj	-	F
<b>CARBAPENEMS</b>		
cilastatin/imipenem inj	-	F
DORIBAX INJ	-	F
DORIPENEM INJ	-	F
ertapenem inj	-	F
meropenem inj	-	F
PRIMAXIN INJ	-	F
<b>CHLORAMPHENICOLS</b>		
CHLORAMPHENICOL INJ	-	F
<b>CYCLIC LIPOPEPTIDES</b>		
daptomycin inj	-	F
DAPTOMYCIN IV SOLN	-	F
<b>GLYCOPEPTIDES</b>		
DALVANCE INJ	-	F
vancomycin inj	-	F
VANCOMYCIN/DEXTROSE INJ	-	F
VANCOMYCIN/NAACL INJ 1.5 GM/300ML	-	F
<b>LINCOSAMIDES</b>		
CLEOCIN INJ	-	F
clindamycin inj	-	F
<b>MONOBACTAMS</b>		
AZACTAM/DEXTROSE INJ	-	F
aztreonam inj	-	F
<b>OXAZOLIDINONES</b>		
LINEZOLID IV SOLN	-	F
ZYVOX IV SOLN	-	F
<b>POLYMYXINS</b>		
polymyxin b inj	-	F
<b>STREPTOGRAMINS</b>		
SYNERCID INJ	-	F
<b>ANTIMYCOBACTERIAL AGENTS</b>		
<b>ANTIMYCOBACTERIAL AGENTS</b>		
CAPASTAT INJ	-	F
rifampin inj	-	F

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES</b>		
<b>ALKYLATING AGENTS</b>		
busulfan inj	-	F
BUSULFEX INJ	-	F
carboplatin inj	-	F
carmustine inj	-	F
cisplatin inj	-	F
cyclophosphamide inj	-	F
ELOXATIN INJ	-	F
IFEX INJ 3GM	-	F
ifosfamide inj	-	F
melphalan inj	-	F
MUSTARGEN INJ	-	F
oxaliplatin inj	-	F
TEPADINA INJ	-	F
thiotepa inj	-	F
TREANDA INJ	-	F
ZANOSAR INJ	-	F
<b>ANTIMETABOLITES</b>		
ALIMTA INJ	PA	F
ARRANON INJ	-	F
azacitidine inj	-	F
cladribine inj	-	F
clofarabine inj (CLOLAR equiv)	-	F
cytarabine inj	-	F
decitabine inj	-	F
fludarabine inj	-	F
fluorouracil inj	-	F
FOLOTYN INJ	-	F
GEMCITABINE INJ	-	F
<b>ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS</b>		
AVASTIN INJ	-	F
CYRAMZA INJ	-	F
ZALTRAP INJ	-	F
<b>ANTINEOPLASTIC - ANTIBODIES</b>		
ARZERRA INJ	-	F
BESPONSA INJ	-	F
CAMPATH INJ	-	F
ERBITUX INJ	-	F
GAZYVA INJ	PA	F
KADCYLA IV SOLN	-	F

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DrugName	Special Code	Tier
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.</b>		
KANJINTI INJ (Restricted to Oncology or Hematology Specialist)	RS	F
KEYTRUDA INJ	PA	F
KEYTRUDA IV SOLN	PA	F
LUMOXITI INJ	-	F
OGIVRI INJ (Restricted to Oncology or Hematology Specialist)	RS	F
OPDIVO INJ	PA	F
PERJETA INJ	-	F
POTELIGEO INJ	-	F
RUXIENCE INJ	PA	F
TRAZIMERA INJ (Restricted to Oncology or Hematology Specialist)	RS	F
TRUXIMA INJ	PA	F
VECTIBIX IV SOLN	PA	F
YERVOY INJ	PA	F
HERCEPTIN INJ	-	NC
HERZUMA INJ	-	NC
ONTRUZANT INJ	-	NC
RITUXAN INJ	-	NC
<b>ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS</b>		
ELIGARD INJ	PA	F
FIRMAGON INJ	-	F
leuprolide inj	PA	F
LUPRON DEPOT INJ	PA	F
<b>ANTINEOPLASTIC ANTIBIOTICS</b>		
adriamycin inj	-	F
BLEO INJ	-	F
bleomycin inj	-	F
dactinomycin inj 0.5mg	-	F
daunorubicin inj	-	F
DAUNOXOME INJ	-	F
doxorubicin inj	-	F
ELLENCE INJ	-	F
epirubicin inj	-	F
idarubicin inj	-	F
lipodox inj	-	F
mitomycin inj	-	F
mitoxantron inj	-	F
<b>ANTINEOPLASTIC COMBINATIONS</b>		
VYXEOS INJ	-	F
RITUXAN HYCELA INJ	-	NC
<b>ANTINEOPLASTIC ENZYME INHIBITORS</b>		

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DrugName	Special Code	Tier
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.</b>		
ALIQOPA INJ	-	F
BALEODAQ INJ	-	F
BORTEZOMIB INJ	-	F
ISTODAX INJ	-	F
KYPROLIS SOLN	-	F
temsirolimus soln	-	F
VELCADE INJ	-	F
<b>ANTINEOPLASTIC ENZYMES</b>		
ELSPAR INJ	-	F
ERWINAZE INJ	-	F
ONCASPAR INJ	-	F
<b>ANTINEOPLASTIC RADIOPHARMACEUTICALS</b>		
AZEDRA INJ	-	F
<b>ANTINEOPLASTICS MISC.</b>		
arsenic trioxide inj	-	F
arsenic trioxide inj 10mg/10ml	-	F
dacarbazine inj	-	F
ONTAK INJ	-	F
pentostatin inj	-	F
PHOTOFRIN INJ	-	F
PROLEUKIN INJ	-	F
SYLATRON KIT	-	F
SYNRIBO INJ	-	F
TRISENOX SOLN	-	F
UVADEX INJ	-	F
<b>CHEMOTHERAPY ADJUNCTS</b>		
ELITEK INJ	-	F
KEPIVANCE INJ	-	F
<b>CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS</b>		
amifostine inj	-	F
dexrazoxane inj	-	F
KHAPZORY SOLN	-	F
leucovorin inj	-	F
levoleucovorin inj	-	F
mesna inj	-	F
<b>MITOTIC INHIBITORS</b>		
ABRAXANE INJ	PA	F
DOCEFREZ INJ	-	F
DOCETAXEL INJ	-	F
docetaxel IV soln	-	F
ETOPOPHOS INJ	-	F

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.</b>		
etoposide inj	-	F
HALAVEN INJ	-	F
IXEMPRA KIT INJ	-	F
JEVTANA INJ	-	F
MARQIBO INJ	-	F
paclitaxel inj	-	F
TAXOL INJ	-	F
TAXOTERE INJ	-	F
VINBLASTINE INJ	-	F
VINCRISTINE INJ	-	F
vinorelbine inj	-	F
<b>TOPOISOMERASE I INHIBITORS</b>		
irinotecan inj	-	F
topotecan inj	-	F
<b>ANTIPARKINSON AGENTS</b>		
<b>ANTIPARKINSON ANTICHOLINERGICS</b>		
benztropine inj	-	F
<b>ANTIPSYCHOTICS/ANTIMANIC AGENTS</b>		
<b>PHENOTHIAZINES</b>		
PROCHLORPERAZINE INJ	-	F
<b>ANTIVIRALS</b>		
<b>CMV AGENTS</b>		
cidofovir inj	-	F
FOSCARNET INJ	-	F
GANCICLOVIR INJ	-	F
<b>HERPES AGENTS</b>		
ACYCLOVIR INJ	-	F
acyclovir sodium IV soln.	-	F
<b>RESPIRATORY SYNCYTIAL VIRUS (RSV) AGENTS</b>		
ribavirin inh soln	-	F
<b>ASSORTED CLASSES</b>		
<b>IMMUNOSUPPRESSIVE AGENTS</b>		
ATGAM INJ	-	F
AZATHIOPRINE INJ	-	F
cyclosporine inj	-	F
mycophenolate inj (CELLCEPT equiv)	-	F
NULOJIX INJ	-	F
PROGRAF INJ	-	F
SIMULECT INJ	-	F
THYMOGLOBULIN INJ	-	F
<b>IRRIGATION SOLUTIONS</b>		

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DrugName	Special Code	Tier
<b>ASSORTED CLASSES Cont.</b>		
lactated ringers irrigation	-	F
physiosol irrigation soln.	-	F
ringers irrigation soln.	-	F
sterile water irrigation	-	F
<b>LYMPHATIC AGENTS</b>		
SYLVANT INJ	-	F
<b>SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS</b>		
BENLYSTA IV SOLN	PA	F
<b>BETA BLOCKERS</b>		
<b>ALPHA-BETA BLOCKERS</b>		
labetalol inj	-	F
<b>BETA BLOCKERS CARDIO-SELECTIVE</b>		
metoprolol inj	-	F
METOPROLOL TARTRATE CARTRIDGE	-	F
<b>BETA BLOCKERS NON-SELECTIVE</b>		
propranolol inj	-	F
SOTALOL INJ	-	F
<b>BIOLOGICALS MISC</b>		
<b>BIOLOGICALS MISC</b>		
ADAGEN INJ	-	F
<b>CALCIUM CHANNEL BLOCKERS</b>		
<b>CALCIUM CHANNEL BLOCKERS</b>		
CARDENE INJ	-	F
diltiazem inj	-	F
nicardipine inj	-	F
NICARDIPINE/NACL INJ	-	F
verapamil inj	-	F
<b>CARDIOTONICS</b>		
<b>PHOSPHODIESTERASE INHIBITORS</b>		
milrinone inj	-	F
<b>CARDIOVASCULAR AGENTS - MISC.</b>		
<b>PROSTAGLANDIN VASODILATORS</b>		
epoprostenol inj	PA	F
treprostinil inj	PA	F
FLOLAN INJ	-	NC
REMODULIN INJ	-	NC
VELETRI INJ	-	NC
<b>CEPHALOSPORINS</b>		
<b>CEPHALOSPORIN COMBINATIONS</b>		
AVYCAZ INJ	-	F
ZERBAXA INJ	-	F

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DrugName	Special Code	Tier
<b>CEPHALOSPORINS Cont.</b>		
<b>CEPHALOSPORINS - 1ST GENERATION</b>		
cefazolin inj	-	F
CEFAZOLIN/D5W INJ	-	F
CEFAZOLIN/DEXTROSE SOLN	-	F
<b>CEPHALOSPORINS - 2ND GENERATION</b>		
cefotetan inj	-	F
cefoxitin inj	-	F
cefuroxime inj	-	F
CEFUROXIME/DEXTROSE INJ	-	F
ZINACEF INJ	-	F
ZINACEF/ D5W INJ	-	F
ZINACEF/ H2O INJ	-	F
<b>CEPHALOSPORINS - 3RD GENERATION</b>		
cefotaxime inj	-	F
ceftazidime inj	-	F
ceftazidime IV soln	-	F
ceftriaxone inj	-	F
CEFTRIAXONE/DEXTROSE INJ	-	F
CLAFORAN INJ	-	F
FORTAZ INJ	-	F
TAZICEF IV SOLN	-	F
TAZICEP IV SOLN	-	F
<b>CEPHALOSPORINS - 4TH GENERATION</b>		
cefepime inj	-	F
CEFEPIME IV SOLN	-	F
MAXIPIME INJ	-	F
<b>CEPHALOSPORINS - 5TH GENERATION</b>		
TEFLARO INJ	-	F
<b>CONTRACEPTIVES</b>		
<b>PROGESTIN CONTRACEPTIVES - INJECTABLE</b>		
DEPO-PROVERA SC INJ	-	F
medroxyprogesterone inj	-	F
<b>CORTICOSTEROIDS</b>		
<b>GLUCOCORTICOSTEROIDS</b>		
A-HYDROCORT INJ	-	F
DEPO-MEDROL INJ	-	F
dexamethasone inj	-	F
dexamethasone phosphate inj	-	F
dexamethasone sodium phosphate inj	-	F
methylprednisolone acetate inj (DEPO-MEDROL INJ. equiv)	-	F
methylprednisolone inj	-	F

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DrugName	Special Code	Tier
<b>CORTICOSTEROIDS Cont.</b>		
methylprednisolone inj (SOLU-MEDROL INJ. equiv)	-	F
METHYLPREDNISOLONE POWDER	-	F
SOLU-CORTEF INJ	-	F
SOLU-MEDROL INJ	-	F
triamcinolone acetonide inj	-	F
<b>DIURETICS</b>		
<b>LOOP DIURETICS</b>		
furosemide inj	-	F
TORSEMIDE INJ	-	F
<b>OSMOTIC DIURETICS</b>		
mannitol inj	-	F
OSMITROL INJ	-	F
<b>THIAZIDES AND THIAZIDE-LIKE DIURETICS</b>		
chlorothiazide inj (DIURIL IV INJ equiv)	-	F
<b>ENDOCRINE AND METABOLIC AGENTS - MISC.</b>		
<b>BONE DENSITY REGULATORS</b>		
ibandronate sodium inj (BONIVA equiv)	-	F
PAMIDRONATE INJ	-	F
PROLIA SOLN	PA	F
XGEVA INJ	PA	F
ZOLEDRONIC ACID INJ	-	F
zoledronic acid inj (ZOMETA INJ. equiv)	-	F
zoledronic acid IV soln. (RECLAST INJ. equiv)	-	F
ZOMETA INJ	-	F
<b>LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS</b>		
LUPRON DEPO-PED INJ	PA	F
LUPRON DEPOT INJ	PA	F
LUPRON DEPOT PEDIATRIC INJ	PA	F
<b>METABOLIC MODIFIERS</b>		
ALDURAZYME INJ	PA	F
doxercalciferol inj (HECTOROL INJ equiv)	-	F
ELAPRASE INJ	-	F
FABRAZYME INJ	PA	F
HECTOROL INJ	-	F
MYOZYME/LUMIZYME INJ	-	F
NAGLAZYME INJ	-	F
paricalcitol inj	-	F
PARSABIV INJ	-	F
VIMIZIM INJ	-	F
<b>SOMATOSTATIC AGENTS</b>		
SOMATULINE INJ	-	F

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DrugName	Special Code	Tier
<b>ESTROGENS</b>		
<b>ESTROGENS</b>		
estradiol valerate inj	-	F
<b>FLUOROQUINOLONES</b>		
<b>FLUOROQUINOLONES</b>		
BAXDELA INJ	-	F
ciprofloxacin inj	-	F
CIPROFLOXACN INJ	-	F
levofloxacin inj	-	F
levofloxacin/d5w inj	-	F
MOXIFLOXACIN INJ	-	F
<b>GASTROINTESTINAL AGENTS - MISC.</b>		
<b>GASTROINTESTINAL STIMULANTS</b>		
metoclopramide inj	-	F
<b>INFLAMMATORY BOWEL AGENTS</b>		
ENTYVIO INJ	PA	F
RENFLEXIS INJ	PA	F
INFLECTRA INJ 100MG	-	NC
REMICADE INJ	-	NC
<b>GOUT AGENTS</b>		
<b>GOUT AGENTS</b>		
allopurinol inj	-	F
<b>HEMATOLOGICAL AGENTS - MISC.</b>		
<b>COMPLEMENT INHIBITORS</b>		
BERINERT INJ	PA	F
CINRYZE INJ	PA	F
HAEGARDA INJ	PA	F
RUCONEST INJ	PA	F
SOLIRIS IV SOLN	PA	F
<b>PLASMA PROTEINS</b>		
albuminar inj	-	F
<b>THROMBOLYTIC ENZYMES</b>		
ACTIVASE INJ	-	F
CATHFLO ACTIVASE INJ	-	F
<b>HEMATOPOIETIC AGENTS</b>		
<b>AGENTS FOR GAUCHER DISEASE</b>		
CEREDASE INJ	-	F
CEREZYME INJ	-	F
<b>FOLIC ACID/FOLATES</b>		
folic acid inj	-	F
<b>HEMATOPOIETIC GROWTH FACTORS</b>		
NPLATE INJ	-	F

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DrugName	Special Code	Tier
<b>HEMATOPOIETIC AGENTS Cont.</b>		
<b>IRON</b>		
dexferrum inj	-	F
FERAHEME INJ	-	F
ferric gluconate IV soln	-	F
FERRLECIT INJ	-	F
INFED INJ	-	F
INJECTAFER INJ	-	F
VENOFER INJ	-	F
<b>STEM CELL MOBILIZERS</b>		
MOZOBIL INJ	-	F
<b>HEMOSTATICS</b>		
<b>HEMOSTATICS - SYSTEMIC</b>		
tranexamic acid inj	-	F
<b>LOCAL ANESTHETICS-PARENTERAL</b>		
<b>LOCAL ANESTHETICS - AMIDES</b>		
lidocaine inj	-	F
<b>MACROLIDES</b>		
<b>AZITHROMYCIN</b>		
azithromycin inj	-	F
<b>ERYTHROMYCINS</b>		
ERYTHROCIN INJ	-	F
<b>MINERALS &amp; ELECTROLYTES</b>		
<b>BICARBONATES</b>		
SODIUM BICARBONATE INJ	-	F
SODIUM LACTATE INJ	-	F
<b>CALCIUM</b>		
calcium gluconate inj	-	F
<b>CHLORIDE</b>		
AMMONIUM CHLORIDE INJ	-	F
<b>ELECTROLYTE MIXTURES</b>		
d10w/ nacl inj	-	F
D10W/NACL INJ	-	F
d2.5w/ nacl inj	-	F
D2.5W/NACL INJ	-	F
d5w/ nacl inj	-	F
D5W/LYTES INJ	-	F
D5W/NACL INJ	-	F
dextrose 5% in lactated ringers	-	F
IONOSOL-B/ D5W INJ	-	F
IONOSOL-MB INJ D5W	-	F
IONOSOL-MB/ D5W INJ	-	F

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Symbols and abbreviations are defined on page 1.

## L.A. Care Home Infusion List

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DrugName	Special Code	Tier
<b>MINERALS &amp; ELECTROLYTES Cont.</b>		
IONOSOL-T/ D5W INJ	-	F
ISOLYTE-H/ D5W INJ	-	F
isolyte-m/ d5w inj	-	F
ISOLYTE-P/ D5W INJ	-	F
ISOLYTE-S INJ	-	F
ISOLYTE-S/ D5W INJ	-	F
KCL/ D10/ NAACL INJ	-	F
kcl/ d5w inj	-	F
kcl/ d5w/ nacl inj	-	F
kcl/ nacl inj	-	F
KCL/D5W INJ	-	F
KCL/D5W/LR INJ	-	F
KCL/D5W/NAACL INJ	-	F
KCL/NAACL INJ	-	F
LACTATED RINGERS INJ	-	F
normosol -r/ d5w inj	-	F
NORMOSOL- R/D5W INJ	-	F
NORMOSOL-M/D5W INJ	-	F
NORMOSOL-R INJ	-	F
PLASMA-LYTE INJ	-	F
PLASMA-LYTE/ D5W INJ	-	F
PLASMA-LYTE-A INJ	-	F
plasma-lyte-r inj	-	F
POTASSIUM CHLORIDE INJ	-	F
POTASSIUM CHLORIDE/NAACL INJ	-	F
ringers inj	-	F
TPN ELECTROL INJ	-	F
tpn electrolyte inj	-	F
<b>MAGNESIUM</b>		
magnesium sulfate inj	-	F
magnesium sulfate/d5w inj	-	F
magnesium sulfate/inj	-	F
<b>MANGANESE</b>		
MANGANESE SULFATE INJ	-	F
<b>PHOSPHATE</b>		
POTASSIUM PHOSPHATE INJ	-	F
SODIUM PHOSPHATE INJ	-	F
sodium phosphate inj	-	F
<b>POTASSIUM</b>		
POTASSIUM CHLORIDE INJ	-	F

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L.A. Care Home Infusion List  
 Category/Class  
 Last Updated\* 7/1/2020

DrugName	Special Code	Tier
<b>MINERALS &amp; ELECTROLYTES Cont.</b>		
<b>SODIUM</b>		
sodium chloride inj	-	F
<b>TRACE MINERALS</b>		
ADDAMEL N INJ	-	F
CHROMIUM CHLORIDE INJ	-	F
CUPRIC CHLORIDE INJ	-	F
SELENIOS AC INJ	-	F
SELENIUM INJ	-	F
<b>ZINC</b>		
ZINC CHLORIDE INJ	-	F
<b>MULTIVITAMINS</b>		
<b>MULTIVITAMINS</b>		
INFUVITE INJ	-	F
<b>PEDIATRIC MULTIPLE VITAMINS</b>		
INFUVITE INJ	-	F
<b>MUSCULOSKELETAL THERAPY AGENTS</b>		
<b>VISCOSUPPLEMENTS</b>		
DUROLANE	PA	F
EUFLEXXA	PA	F
GELSYN-3	PA	F
ORTHOVISC INJ	-	F
SUPARTZ FX	PA	F
SYNVISC	PA	F
SYNVISC INJ	-	F
SYNVISC ONE	PA	F
GEL-ONE	-	NC
GENVISC 850	-	NC
HYALGAN	-	NC
HYMOVIS	-	NC
MONOVISC	-	NC
ORTHOVISC	-	NC
SODIUM HYALURONATE	-	NC
TRILURON	-	NC
TRIVISC	-	NC
VISCO-3	-	NC
<b>NEUROMUSCULAR AGENTS</b>		
<b>ALS AGENTS</b>		
RADICAVA INJ	PA	F
<b>MUSCULAR DYSTROPHY AGENTS</b>		
EXONDYS 51 SOLN	-	F
<b>NEUROMUSCULAR BLOCKING AGENT - NEUROTOXINS</b>		

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Symbols and abbreviations are defined on page 1.

## L.A. Care Home Infusion List

Category/Class

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DrugName	Special Code	Tier
<b>NEUROMUSCULAR AGENTS Cont.</b>		
BOTOX INJ	PA	F
DYSPORE	PA	F
XEOMIN INJ	PA	F
<b>NUTRIENTS</b>		
<b>CARBOHYDRATES</b>		
ALCOHOL/ D5W INJ	-	F
DEXTROSE INJ	-	F
<b>LIPIDS</b>		
intralipid (LIPODYN equiv)	-	F
INTRALIPID INJ	-	F
LIPOSYN	-	F
SMOFLIPID EMULSION	-	F
<b>PROTEINS</b>		
AMINOSYN II INJ	-	F
aminosyn-hf inj	-	F
AMINOSYN-RF INJ	-	F
amiosyn ii inj	-	F
CLINIMIX E INJ	-	F
CLINIMIX INJ	-	F
FREAMINE HBC INJ	-	F
freamine iii inj	-	F
HEPATAMINE SOLN	-	F
NEPHRAMINE INJ	-	F
novamine inj	-	F
premasol inj	-	F
PROCALAMINE INJ	-	F
PROSOL INJ	-	F
RENAMIN INJ	-	F
<b>PASSIVE IMMUNIZING AGENTS</b>		
<b>IMMUNE SERUMS</b>		
CARIMUNE NANOFILTERED INJ	PA	F
FLEBOGAMMA INJ	PA	F
GAMMAGARD INJ	PA	F
GAMMAGARD SD INJ	PA	F
GAMMAPLEX INJ	PA	F
HEPAGAM B INJ	PA	F
HYPERHEP B INJ	PA	F
PRIVIGEN INJ	PA	F
<b>MONOCLONAL ANTIBODIES</b>		
SYNAGIS INJ	PA	F
<b>PASSIVE IMMUNIZING AND TREATMENT AGENTS</b>		

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Symbols and abbreviations are defined on page 1.

L.A. Care Home Infusion List  
 Category/Class  
 Last Updated\* 7/1/2020

DrugName	Special Code	Tier
<b>PASSIVE IMMUNIZING AND TREATMENT AGENTS Cont.</b>		
<b>IMMUNE SERUMS</b>		
OCTAGAM INJ	PA	F
PANZYGA INJ	PA	F
<b>PENICILLINS</b>		
<b>AMINOPENICILLINS</b>		
AMPICILLIN INJ	-	F
<b>NATURAL PENICILLINS</b>		
PENICILLIN G PROCAINE INJ	-	F
PENICILLIN G SODIUM INJ	-	F
penicillin gk inj	-	F
PENICILLIN GK/DEXTROSE INJ	-	F
PFIZERPEN-G INJ	-	F
<b>PENICILLIN COMBINATIONS</b>		
AMPICILLIN/SULBACTAM INJ	-	F
ampicillin-sulbactam inj	-	F
AMP-SULBACTA INJ	-	F
BICILLIN C-R INJ	-	F
piperacillin/tazobactam inj	-	F
TIMENTIN INJ	-	F
ZOSYN/ DEXTROSE INJ	-	F
<b>PENICILLINASE-RESISTANT PENICILLINS</b>		
ampicillin inj	-	F
BACTOCILL/DEXTROSE INJ	-	F
NAFCILLIN INJ	-	F
NAFCILLIN SODIUM IN DEXTROSE INJ	-	F
NALLPEN/DEX INJ	-	F
oxacillin inj	-	F
<b>PHARMACEUTICAL ADJUVANTS</b>		
<b>LIQUID VEHICLES</b>		
sterile water for inj	-	F
sterile water for IV inj	-	F
<b>PROGESTINS</b>		
<b>PROGESTINS</b>		
progesterone IM inj	-	F
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.</b>		
<b>MULTIPLE SCLEROSIS AGENTS</b>		
OCREVUS INJ	PA	F
TYSABRI INJ	PA	F
<b>TRANSTHYRETIN AMYLOIDOSIS AGENTS</b>		
ONPATTRO SOLN	PA	F
<b>RESPIRATORY AGENTS - MISC.</b>		

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
<b>RESPIRATORY AGENTS - MISC. Cont.</b>		
<b>ALPHA-PROTEINASE INHIBITOR (HUMAN)</b>		
ARALAST NP INJ	--PA	F
GLASSIA INJ	-	F
PROLASTIN-C INJ	PA	F
<b>TETRACYCLINES</b>		
<b>FLUOROCYCLINES</b>		
XERAVA INJ	-	F
<b>GLYCYLCYCLINES</b>		
tigecycline inj	-	F
<b>TETRACYCLINES</b>		
doxycycline hyclate inj	-	F
MINOCIN INJ	-	F
<b>THYROID AGENTS</b>		
<b>THYROID HORMONES</b>		
levothyroxine inj	-	F
liothyronine inj (TRIOSTAT equiv)	-	F
<b>ULCER DRUGS</b>		
<b>ANTISPASMODICS</b>		
ATROPINE SULFATE INJ	-	F
GLYRX-PF SOLN	-	F
<b>H-2 ANTAGONISTS</b>		
cimetidine inj	-	F
FAMOTIDINE INJ	-	F
famotidine inj (PEPCID equiv)	-	F
ranitidine inj	-	F
ZANTAC INJ	-	F
<b>PROTON PUMP INHIBITORS</b>		
ESOMEPRAZOLE INJ	-	F
esomeprazole inj (NEXIUM I.V. equiv)	-	F
pantoprazole inj (PROTONIX INJ. equiv)	-	F
<b>VASOPRESSORS</b>		
<b>VASOPRESSORS</b>		
dobutamine/d5w inj	-	F
dopamine inj	-	F
epinephrine inj	-	F
epinephrine iv soln	-	F
<b>VITAMINS</b>		
<b>OIL SOLUBLE VITAMINS</b>		
vitamin K1 inj	-	F

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Symbols and abbreviations are defined on page 1.



**L.A. Care Home Infusion List  
Prior Authorization Drug List  
Last Updated\* 7/1/2020**

Some products on the Formulary are only covered with a prior authorization approval. Drug products requiring prior authorization are listed below. The pharmacy will also alert members if the medication prescribed requires prior authorization. Please call Customer Service if you have further questions regarding prior authorizations.

<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
ABRAXANE INJ	F
ACTEMRA INJ	F
ALDURAZYME INJ	F
ALIMTA INJ	F
ARALAST NP INJ	F
BENLYSTA IV SOLN	F
BERINERT INJ	F
BOTOX INJ	F
CARIMUNE NANOFILTERED INJ	F
CINQAIR INJ	F
CINRYZE INJ	F
DUROLANE	F
DYSPORT	F
ELIGARD INJ	F
ENTYVIO INJ	F
epoprostenol inj	F
EUFLEXXA	F
FABRAZYME INJ	F
FASENRA INJ	F
FLEBOGAMMA INJ	F
GAMMAGARD INJ	F
GAMMAGARD SD INJ	F
GAMMAPLEX INJ	F
GAZYVA INJ	F
GELSYN-3	F
HAEGARDA INJ	F
HEPAGAM B INJ	F
HYPERHEP B INJ	F
KEYTRUDA INJ	F
KEYTRUDA IV SOLN	F
leuprolide inj	F
LUPRON DEPO-PED INJ	F
LUPRON DEPOT INJ	F
LUPRON DEPOT PEDIATRIC INJ	F
NUCALA INJ	F
OCREVUS INJ	F
OCTAGAM INJ	F

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**L.A. Care Home Infusion List cont.  
Prior Authorization Drug List  
Last Updated\* 7/1/2020**

Some products on the Formulary are only covered with a prior authorization approval. Drug products requiring prior authorization are listed below. The pharmacy will also alert members if the medication prescribed requires prior authorization. Please call Customer Service if you have further questions regarding prior authorizations.

<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
ONPATTRO SOLN	F
OPDIVO INJ	F
ORENCIA INJ	F
PANZYGA INJ	F
PRIVIGEN INJ	F
PROLASTIN-C INJ	F
PROLIA SOLN	F
RADICAVA INJ	F
RENFLEXIS INJ	F
RUCONEST INJ	F
RUXIENCE INJ	F
SIMPONI ARIA INJ	F
SOLIRIS IV SOLN	F
SUPARTZ FX	F
SYNAGIS INJ	F
SYNVISC	F
SYNVISC ONE	F
treprostinil inj	F
TRUXIMA INJ	F
TYSABRI INJ	F
VECTIBIX IV SOLN	F
XEOMIN INJ	F
XGEVA INJ	F
XOLAIR INJ	F
YERVOY INJ	F

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